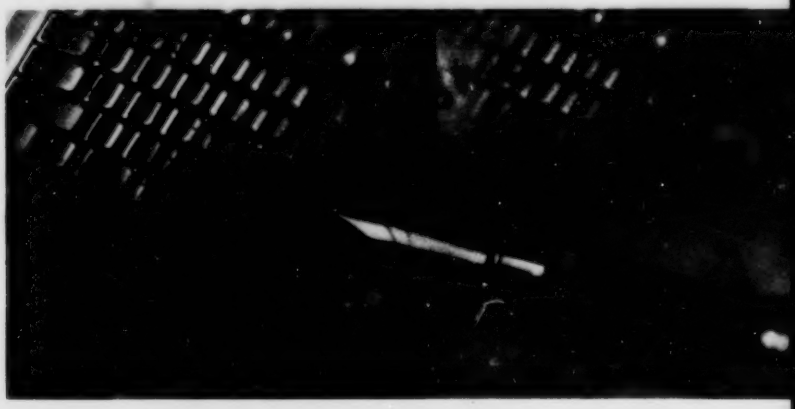
RESEARCH REPORT

AN EXAMINATION OF THE SUPPORTIVE HOUSING NEEDS OF THE SERIOUSLY MENTALLY ILL IN THE MANITOULIN-SUDBURY DISTRICTS



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AN EXAMINATION OF THE SUPPORTIVE HOUSING NEEDS OF THE SERIOUSLY MENTALLY ILL IN THE MANITOULIN-SUDBURY DISTRICTS

By: Genevieve Gibbons
David Paquette

November 1998

CMHC Project Officer: Teresa van den Boogaard

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AN EXAMINATION OF THE SUPPORTIVE HOUSING NEEDS OF THE SERIOUSLY MENTALLY ILL IN THE MANITOULIN-SUDBURY DISTRICTS

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This project was carried out with the assistance of a financial contribution from Canada Mortgage and Housing Corporation under the terms of the External Research Program. The views expressed are those of the author and do not represent the official views of CMHC.

ABSTRACT

This External Research study aimed to explore and specify the supportive housing needs, preferences and choices of adults with serious mental illnesses, and in particular to identify similarities and differences among sub-groups of this "SMI" population along the lines of geographic location, language/culture, and gender. The study was undertaken in the Manitoulin-Sudbury area of Ontario, where community locales range from urban to rural and remote, and significant proportions of the population are anglophone, francophone and Aboriginal, respectively. One hundred mental health services consumers were interviewed from across the region, plus a cross-section of mental health services providers and representatives of consumer/family support groups. Results indicated that there is a need for supportive housing among all SMI population subgroups regardless of geography, language/culture or gender. The most notable difference among the subgroups was related to geography: consumers living in rural communities outside of the Sudbury district have a higher need for supportive housing because of increased isolation and lack of access to public transportation. Variations by language/culture and gender are also noted in the report although they were not found to be statistically significant in this sample. The report concludes with a series of recommendations to address the identified supportive housing needs.

ACKNOWLEDGEMENTS

This research project would not have been possible without the funding assistance and technical support of the Canada Mortgage and Housing Corporation. The Researcher would like to extend his gratitude and appreciation to all mental health care consumers, providers and family members who participated in this project and provided invaluable feedback and insight as to the specific supportive housing needs of the seriously mentally ill population. As well, the researcher would like to thank Bev Bourget for her assistance in conducting consumer interviews and all members of the Project Steering Committee for their advice, directions and suggestions in compiling this important community research project.

EXECUTIVE SUMMARY

Over the past ten years, successive provincial governments in Ontario have attempted to reform the mental health system. Each government has attempted to shift the policy focus from providing institutional to community-based care and there has been a dedicated commitment to assisting individuals with a serious mental illness to remain in their home communities for as long as possible. As part of each mental health service system reform initiative, access to supportive housing has been a priority service component. Additionally, all governments have stressed the importance of safe, affordable and quality residential spaces as a key element in maintaining the health and well-being of individuals dealing with a mental illness.

In the districts of Manitoulin-Sudbury there is a serious lack of available supportive housing options to accommodate the needs of the seriously mentally ill (SMI) population and the need for additional residential spaces has been continually identified by a number of community-based health and social service planning organizations. In particular, the Supportive Housing Working Group of the Manitoulin-Sudbury District Health Council (DHC) has studied and compiled a report of the supportive housing needs of the seriously mentally ill in the two districts and a survey of mental health consumers has also been undertaken by the Canadian Mental Health Association (Sudbury Branch) in 1996 which validates this long-standing community need. More importantly, the release of the comprehensive Mental Health System Design report by the Manitoulin-Sudbury DHC further reiterates this outstanding service need for the seriously mentally ill and identifies supportive housing to be a priority support within the local mental health service continuum.

Given this data and preliminary analysis, the Supportive Housing Working Group felt that the specific supportive housing needs of the seriously mentally ill population within the two districts should be more thoroughly examined and identified if they were to be adequately addressed by the local mental health service system. Consequently, a Steering Committee was established to conduct a study of the supportive housing needs of the seriously mentally ill within the two districts and this committee was successful in securing an External Research grant from Canada Mortgage and Housing Corporation (CMHC) in the spring of 1997 to undertake this particular research initiative.

The primary purpose of this research project was to examine the supportive housing needs of the seriously mentally ill population within the districts of Manitoulin and Sudbury and to determine if these housing needs differed by geographic location, gender, language or culture. As part of this research project 100 mental health care consumers who live with a serious mental illness were surveyed as well as mental health service providers, housing officials and consumer and family support groups from within the two districts.

Interviews were conducted to ascertain feedback and gain a broader perspective of the particular supportive housing needs and issues impacting on the SMI population in these jurisdictions.

After carrying out this comprehensive consultation process with consumers, providers and family support groups it was found that there is a serious undersupply of quality supportive housing options for the seriously mentally ill within the two districts. The research data revealed that gender, language and culture do not account for any statistically significant differences in supportive housing needs amongst this target population, and that not surprisingly, individuals living in rural communities outside of the district of Sudbury have a higher need for supportive housing because of increased isolation and lack of access to public transportation. It was also found that over 90% of existing supportive housing stock was located in the City of Sudbury.

To this end, supportive housing was found to be a generic community service need within the two districts and a number of recommendations and suggested models were put forward to address this chronic shortage. Prospective cost-effective models identified by respondents included options which ranged from: the establishment of 24-hour supervised group homes, moderate-support group homes such as motel accommodations, foster homes, and multi-unit apartments (supported by volunteers and community outreach workers), and independent living arrangements. It was also found that there was a definite need to enhance the level of community support and outreach workers to assist the seriously mentally ill population to remain living in community settings within district communities.

Consequently, as a result of this research it has become abundantly clear that access to supportive housing is a critical problem for the seriously mentally ill population in the Manitoulin and Sudbury districts. If this long-standing service need is to be appropriately addressed it will require that supportive housing receive priority status in local mental health system design planning initiatives and that community-based agencies continue to work collaboratively with the dedicated political and financial support of relevant provincial and federal funding bodies.

SOMMAIRE

Au cours de la dernière décennie, les gouvernements provinciaux successifs de l'Ontario ont tenté de réformer le système de santé mentale. Chacun des gouvernements a tenté de modifier l'orientation de la politique en passant d'un système de soins institutionnels à un système de soins communautaires et s'est fermement engagé à aider les individus souffrant de maladie mentale grave à demeurer dans leur collectivité le plus longtemps possible. Dans toutes les initiatives de réforme du service de santé mentale, l'accès au logement supervisé est devenu une priorité. De plus, tous les gouvernements ont insisté sur l'importance de créer des espaces résidentiels sûrs, abordables et de qualité afin de préserver la santé et le bien-être des individus souffrant de maladie mentale.

Dans les circonscriptions de Manitoulin-Sudbury, les logements supervisés nécessaires pour répondre aux besoins de la population souffrant de maladie mentale grave font cruellement défaut et bon nombre d'organismes communautaires de planification en santé et en services sociaux ont sans cesse souligné le besoin de créer des espaces résidentiels supplémentaires. Le Groupe de travail pour le logement supervisé du Conseil régional de santé de Manitoulin-Sudbury, en particulier, a étudié et préparé un rapport sur les besoins en logements supervisés des personnes atteintes de maladies mentales graves dans les deux circonscriptions; l'Association canadienne pour la santé mentale (Division de Sudbury) a également mené, en 1996, une enquête auprès de personnes atteintes de troubles mentaux, qui corrobore les besoins criants de la collectivité. Plus important encore, la publication du rapport circonstancié Mental Health System Design par le Conseil régional de santé de Manitoulin-Sudbury vient confirmer ce besoin de service pour les personnes atteintes de maladies mentales graves et désigne le logement supervisé comme une priorité pour l'ensemble du service local de santé mentale.

Étant donné ces données et ces analyses préliminaires, le Groupe de travail pour le logement supervisé a décrété que les besoins en logements supervisés de la population atteinte de maladie mentale grave, dans les deux circonscriptions, devraient être définis et examinés plus en profondeur pour que le système local de santé mentale puisse y répondre adéquatement. Par conséquent, un comité directeur a été mis sur pied pour mener une étude sur les besoins en logements supervisés des personnes souffrant de maladies mentales graves dans les deux circonscriptions, et ce comité a réussi à obtenir une subvention de recherche externe de la Société canadienne d'hypothèques et de logement (SCHL) au printemps 1997 pour mener à bien cette initiative.

Le principal objectif de ce projet de recherche était d'examiner les besoins en logements supervisés des personnes atteintes de maladies mentales graves dans les circonscriptions de Manitoulin et Sudbury et de déterminer si ces besoins en logement différaient en fonction de la situation géographique, du sexe, de la langue ou de la culture. Dans le cadre de ce projet, on a enquêté auprès de 100personnes souffrant d'une maladie mentale grave ainsi qu'auprès des fournisseurs des services de santé mentale, des responsables du logement et des groupes de soutien aux familles et aux consommateurs, dans les deux circonscriptions.

On a organisé des entrevues pour connaître les réactions et mieux cerner les besoins particuliers en logements supervisés ainsi que les questions liées à la population atteinte de maladie mentale grave dans ces circonscriptions.

Après avoir mené cette consultation approfondie auprès des personnes atteintes, des fournisseurs et des groupes de soutien aux familles, on a découvert qu'il y avait un manque crucial de logements supervisés de qualité pour les personnes atteintes de maladie mentale grave dans les deux circonscriptions. Les données de la recherche ont révélé que le sexe, la langue et la culture n'entraînaient pas de différences significatives sur le plan statistique dans les besoins de logements supervisés parmi la population ciblée, et que, de façon peu étonnante, les individus habitant dans les communautés rurales à l'extérieur de la circonscription de Sudbury avaient un plus grand besoin de logements supervisés à cause de l'isolement accru et du manque d'accès aux transports publics. On a également découvert que 90p.100 du parc de logements supervisés existants se situait dans la ville de Sudbury.

Ainsi, on s'est aperçu que le logement supervisé était un besoin communautaire général dans les deux circonscriptions et on a suggéré un certain nombre de recommandations et de modèles pour faire face à cette pénurie chronique. Les modèles potentiels rentables relevés par les répondants comprenaient les options suivantes: des groupes de logements supervisées 24heures sur 24, des groupes de logements avec supervision modérée comme des motels, des familles d'accueil et des appartements à plusieurs unités surveillés par des volontaires et des travailleurs communautaires, ainsi que des logements indépendants. On a également constaté qu'il fallait impérativement améliorer le niveau de soutien communautaire et le nombre de travailleurs communautaires pour aider la population atteinte de maladie mentale grave à s'établir dans les logements communautaires de la circonscription.

Par conséquent, en résultat de cette recherche, il est apparu clairement que l'accès au logement supervisé était un problème critique pour la population atteinte de maladie mentale grave dans les circonscriptions de Manitoulin et Sudbury. Si l'on veut répondre convenablement à ce besoin de service réclamé depuis longtemps, il faudra donner la priorité au logement supervisé dans les initiatives de planification des systèmes de santé mentale et il faudra que les agences communautaires continuent de collaborer avec le soutien politique et financier des organismes de financement provinciaux et fédéraux pertinents.

TABLE OF CONTENTS

Chapter One - Introduction 1

Chapter Two - Methodology 4

Chapter Three - Geography, Demographics and Available Housing Stock 8

A) Geography and Population Profile 8
B) Prevalence Rates and Demographics 10
C) Available Housing 13

Chapter Four - Findings 15

I. Consumer Survey
A) Demographic Profile of Respondents 15
B) Housing Data 19
C) Assessment of Living Conditions 28
D) Preferred Housing Alternatives 29

II. Interviews With Mental Health Service Providers 36

III. Interviews With Consumer and Family Support Groups 41

Chapter Five - Concluding Remarks 43

Chapter Six - Summary Recommendations 45

References

End Notes

Appendices

LIST OF TABLES AND FIGURES

Tables:

Table 1	Population by Sex and Estimated Land Mass and Population Density (1991)	8
Table 2	Seriously Mentally Ill Population Estimate: Non-Reserve Population, Manitoulin and Sudbury Districts	11
Table 3	Seriously Mentally Ill Population Estimate: First Nation Bands, District of Manitoulin	11
Table 4	Seriously Mentally Ill Population Estimate: First Nation Bands, District of Sudbury	11
Table 5	Mother Tongue French: Ontario, Districts of Manitoulin and Sudbury (1991)	12
Table 6	Registered Band Population, Districts of Manitoulin and Sudbury (1991)	12
Table 7	Manitoulin and Sudbury Districts by Age (1991)	16
Table 8	Current Living Arrangements by Geographic Location	20
Table 9	Current Living Arrangements by Language/Culture	21
Table 10	Finding Place of Residence	22
Table 11	Waiting List for Housing	22
Table 12	Duration of Tenure	23
Table 13	Duration of Tenure by Language/Culture	24
Table 14	Paying Rent	24
Table 15	Difficult Items to Purchase After Paying Rent	25
Table 16	Number of People Lived With	26
Table 17	Staff Person On-Site	27
Table 18	Staff Person On-Site (Language/Culture Comparison)	27

Table 19	Participation in Programs	27
Table 20	Rating of Current Living Arrangements	28
Table 21	Rating of Current Living Arrangements (Culture Comparison)	28
Table 22	Preferred Living Situation	31
Figures:		
Graph A	Distribution by Age	15
Graph B	Gender Distribution of Survey Respondents	16
Graph C	Mother Tongue	17
Graph D	Ethnic Origin	17
Graph E	Marital Status	18
Graph F	Employment Status	18
Graph G	Main Source of Financial Support	19
Graph H	Admissions to Hospital for Mental Illness	19
Graph I	Current Living Arrangement	20
Graph J	How Did You Find the Place Where You Now Live?	21
Graph K	Amount of Time Lived at Present Location	23
Graph L	Discretionary Income and Purchases	25
Graph M	How Many People Do You Live With?	26
Graph N	Participation in Programs (Where You Live)	27
Graph O	Housing Preferences	30
Graph P	Who Would You Most Like to Live With?	31
Graph Q	Supports Needed	32
Graph R	Important Things in a Place to Live	34

CHAPTER ONE - INTRODUCTION

Providing safe, affordable and quality supportive housing options for the seriously mentally ill in the Districts of Sudbury-Manitoulin has been and continues to be a difficult challenge. Although there is an acknowledgement of the importance of housing for all individuals in society there continues to be a serious lack of supportive housing options for individuals dealing with a serious mental illness. As a provincial priority, the need to provide appropriate housing options for the mentally ill has been continually reaffirmed by successive provincial governments in Ontario who each, in turn, have attempted to reform the mental health service system.

Starting in 1988, the Liberal government released the "Graham Report" more formally known as Building Community Support for People: A Plan for Mental Health in Ontario. This comprehensive document laid the groundwork for planning an effective mental health system in all regions of the province. Within this policy document, residential support was identified as a critical component of the mental health service continuum and the report further identified that housing problems "... can range from homelessness to the lack of appropriate models to meet individual needs. Issues can centre around the availability of housing stock itself or the ways in which individuals are supported in available units." [1]

Building on this comprehensive report, the provincial New Democratic Party government in 1993 released its mental health reform policy framework entitled: Putting People First - The Reform of Mental Health Services in Ontario. The major thrust of this reform initiative was to re-evaluate the existing range of services and programs for people dealing with mental illness and to move the system away from costly institutional care to more effective and affordable community-based programs and supports. Within this new framework it was outlined that consumers would play a key role in shaping the design and delivery of community mental health services and it was proposed that all efforts should be made to maintain individuals within community settings for as long as possible.

More importantly, it was recommended that resources within the provincial mental health system be proportionately reallocated so that by the year 2003 only 40% rather than 80% of the total mental health budget would be spent on institutional care and that 60% rather than the existing 20% would be spent on providing alternative community-based mental health services. Also of note in this policy document was the proposed movement towards decreasing the ratio of psychiatric beds available in Ontario from 58 per 100,000 population to 30 per 100,000 by the year 2003 as a further commitment to shifting available resources within the system to community-based rather than institutional care.

In 1995, the Conservative government in Ontario continued to proceed with previous governments' efforts to reform the mental health system. The most notable development

initiated by this government was its establishment of a provincial Health Services Restructuring Commission whose recommendations resulted in a radical restructuring of hospital and health services delivery in Sudbury and surrounding communities. In addition to consolidating existing acute, chronic and rehabilitative care services in one hospital site, the Commission identified that there would be 39 adult in-patient psychiatric beds designated for institutional care and that Network North would assume governance of both out-patient and in-patient mental health services for the districts of Sudbury and Manitoulin.

In light of these policy developments, the Manitoulin-Sudbury District Health Council (DHC) in August 1997 released a comprehensive planning report entitled: The Mental Health System Design for the Manitoulin and Sudbury Districts. This extensive document outlined the future directions of mental health services and provided specific recommendations for establishing a strong and coordinated continuum of mental health services within the two districts. In regards to supportive housing the report emphasized that, "The success of mental health system reform is dependent upon the ability of the community to provide the seriously mentally ill with a range of alternative supportive housing arrangements based on individual need."[2]

As part of the development of this system design report, the Manitoulin-Sudbury DHC established a Supportive Housing Working Group to assess available housing and identify potential options for addressing current and expected housing needs within the two districts. This working group prepared a report entitled: The Supportive Housing Needs of the Seriously Mentally Ill Population in the Districts of Manitoulin and Sudbury: Workplan Report which identified the following system deficiencies:

- not enough housing exists for all that need it;
- there is no central database indicating where the housing is located and where the vacancies are;
- no one is assigned the responsibility of assisting the seriously mentally ill population find housing;
- the system is not set up to let individuals undertake the task themselves; and
- information is outdated.

The Social Service Research and Advisory Group in its 1991 Study of Unmet Housing Needs Within the Regional Municipality of Sudbury identified that housing was a serious issue in the Manitoulin and Sudbury districts and emphasized that housing options for consumers/survivors were quite limited in communities throughout the two districts. This study also identified that low incomes, high housing costs, lack of available quality rental housing stock and emergency shelters continued to have a detrimental impact on

marginalized and vulnerable groups in finding suitable accommodations to address their specific needs. More specifically, "The multitude of unmet housing needs led to the conclusion that housing should be the highest priority in our community since permanent housing is a necessary pre-requisite for virtually every aspect of personal and societal development."[3]

Given these findings, a Steering Committee was formed by the Supportive Housing Working Group to conduct a thorough analysis of supportive housing needs of the seriously mentally ill in the Sudbury-Manitoulin districts. (For a list of Steering Committee members see Appendix A.) This steering committee was successful in securing a research grant from the Canada Mortgage and Housing Corporation (CMHC) under its External Research Program and a Researcher was hired in the spring of 1997 to undertake a comprehensive analysis of available housing options and to conduct research specific to the following objectives:

- determine the views, preferences and expectations of persons with chronic mental illness regarding various alternate living options, including specific reference to similarities and differences by location, language, culture and gender; and

- examine the supportive housing needs of the severely chronically mentally ill, with specific reference to similarities and differences by location, language, culture and gender.

As part of this research initiative it was also expected that the Researcher would address the following three key research questions:

- What are the supportive housing needs for the seriously (chronically) mentally ill in Manitoulin-Sudbury?

- Are the supportive housing issues affecting the seriously mentally ill different by geography (rural / urban communities) within Manitoulin-Sudbury?

- Are the supportive housing issues confronting the predominant population groups in Manitoulin-Sudbury (francophone, Native, anglophone) different from each other?

This particular study was to build on the preliminary findings and literature review conducted by the DHC and on the previous work carried out by a Master's student in the Humanities Program at Laurentian University on behalf of the Sudbury branch of the Canadian Mental Health Association (CMHA) in March/April 1996.

CHAPTER TWO - METHODOLOGY

For the purposes of conducting a thorough assessment of the supportive housing needs of the seriously mentally ill adult population (aged 15 and over) in the Sudbury-Manitoulin districts, the following research activities were undertaken:

A) Development and Administration of a Consumer Survey

The first phase of the project involved the development of a high-quality consumer survey for the purposes of obtaining feedback from individuals with a serious mental illness. This survey was then administered to 100 consumers from communities across the two districts. For the purposes of this study, the Project Steering Committee determined that based on Ontario Ministry of Health data regarding prevalence rates for serious mental illness (SMI) within these two districts, that 80% of consumer respondents would come from the Regional Municipality of Sudbury, while the remaining 20% of consumer respondents would come from communities within Sudbury District East, Sudbury District West, Sudbury District North and Manitoulin Island at 5% respectively.

Participation in this survey was completely voluntary and anonymous and participants were referred to the Researcher by mental health organizations and service providers from the two districts. The survey was designed to be gender neutral and all efforts were made to use simple, clear language to facilitate the administration of the survey to diverse linguistic and cultural groups. Individuals were provided with the opportunity to be surveyed in English, French and/or any other language where such arrangements could be made.

In terms of methodology, the Project Steering Committee decided to utilize a stratified random sample of 100 consumers to obtain information from the SMI population. In this respect, it was also determined that identified categories within the sample (i.e. gender, culture and language) would not be targeted or sought out in specific numbers to ensure the validity of the study. Instead, it was determined that 100 consumers would be interviewed from the identified locations (through the assistance of local service providers) and that questions within the survey document pertaining to age, gender, language and culture would adequately capture these key sources of comparative information. As well, the Researcher conducted interviews with service providers, family members and professionals to collect a broader base of research information to ensure that specific community and/or cultural needs would be identified.

B) Interviews With Mental Health Service Providers and Consumer/Family Support Groups

The second phase of the research project involved obtaining feedback from mental health providers and consumer/family support groups in regards to their perceptions of

supportive housing needs for the seriously mentally ill within the two districts. For the purposes of obtaining provider input the Researcher scheduled and conducted interviews with 23 providers involved in housing and providing counselling and support services for the seriously mentally ill and representing all regions of the 2 districts. These interviewees included mental health case workers, housing support workers, mental health clinicians, caregivers and family members, hospital officials, psychiatrists, and consumer/survivor and self-help organization representatives. The Researcher developed a survey instrument for conducting these interviews, facilitated a number of focus group meetings with staff members from individual agencies and conducted telephone interviews to obtain additional qualitative information on the particular supportive housing needs of the chronically mentally ill within the two jurisdictions.

C) Survey Instruments and Sampling Techniques

The Consumer Survey

To elicit feedback from individuals with a serious mental illness, the Researcher established a Consumer Survey based on a similar preliminary survey developed for the Sudbury CMHA by a Master's student in the Humanities Program at Laurentian University. (For a copy of the final Consumer survey used in this study see Appendix "B".) In addition to this pre-existing survey document the Researcher consulted with members of the Project Steering Committee as well as other professional researchers to further refine the consumer survey and to ensure that it was structurally sound and technically reliable and valid. In this respect, all efforts were made to use simple language, clear statements and non-threatening or intrusive questions. The survey was broken down into four sections to obtain demographic information specific to the consumer, information about their existing housing arrangements, assessment of current living conditions and preferred housing alternatives.

For the purposes of administering the Consumer Survey the Project Steering Committee decided to utilize a stratified random sample of 100 clients to ensure that the survey results/findings could be confidently extrapolated to provide reliable data on the seriously mentally ill population within the two districts. Individuals were referred to the Researcher from agencies and organizations involved in providing services and supports to individuals with a serious mental illness and these clients were contacted for the purposes of arranging a personal face-to-face interview. Agencies and organizations who provided names of prospective clients included the CMHA (3-C Centre), Positive Steps (adult out-patient program of Network North), Interact (adult out-patient program of Sudbury General Hospital), community clinics of Network North including N'admadwin (Wikwemikong) Mindemoya, Espanola, and Alternatives (St. Charles) and Chapleau Health Services and the Community Mental Health Clinic. An additional interviewer was hired by the Researcher to assist in the timely completion of the interview process. This interviewer was highly skilled in conducting interviews with vulnerable populations and was fully briefed on the particular aims and objectives of the project. In this regard, individual respondents were provided with the opportunity to complete the questionnaire

themselves or the interviewer could ask the questions and complete the survey for the respondent. Meetings were held at the preferred location of the client and the majority of interviews conducted involved the interviewer recording the responses of respondents. In some cases, staff of an individual agency organized the interview time and made themselves available to sit in on the interview if it made the consumer more at ease or to assist them in interpreting the survey questions.

The Mental Health Service Provider Survey

To gain a broader perspective of supportive housing needs within the two districts the Researcher developed a survey to be administered to mental health service providers. (See Appendix "C") This questionnaire was more qualitative in design and was structured to stimulate dialogue and to obtain more detailed information about perceived supportive housing needs and how these needs could best be addressed given the human and financial resources available. This survey was used by the Researcher in conducting face-to-face interviews with mental health and housing support service providers as well as consumer/survivor and family support organization representatives, informal caregivers and family members. In addition, the Researcher conducted structured focus group meetings with staff members from both Interact and Positive Steps who provide case management and support to a significant number of the seriously mentally ill in the Region of Sudbury. As well, telephone interviews and discussions with relevant service providers from all regions of the two districts were also undertaken to obtain feedback. The Researcher summarized each interview and collated the findings for inclusion in the summary report.

D) Definitions

Serious Mental Illness (SMI) -

For the purposes of this study the Researcher has utilized the Ministry of Health (1995) definition which reads as follows:

> There are three dimensions used to identify individuals with severe mental illness/severe mental health problems - **disability, anticipated duration and/or current duration and diagnosable disorders**. The critical dimensions are the extent of disability and serious risk of harm to themselves or others, related to a diagnosable disorder.
>
> - **Disability** refers to the fact that difficulties interfere with or severely limit an individual's capacity to function normally in one or more major life activities, including basic daily living skills (such as eating, bathing or dressing); instrumental living skills (such as maintaining a household, managing money, getting around in the community and using appropriate medication); and functioning in social, family and vocational-educational contexts.

- **Anticipated duration and/or current duration** refers to the acute and on-going nature of the problems identified, either through empirical evidence and objective experience, suggesting persistence over time or through the subjective experience that the problem has persisted over time. It is important to note that this does not necessarily mean continuous, observable evidence of disorder but may include acute or intermittent episodes between which there are periods of full recovery.

- **Diagnosable disorders** of predominant concern are schizophrenia, mood disorders, organic brain syndrome, paranoid and other psychoses. Other diagnosable disorders such as severe personality disorder, dual disorder and dual diagnosis are also included.

Supportive Housing -

Housing arrangements which involve regular monitoring and the provision of social support by qualified mental health personnel.

E) Limitations of the Study

SMI Classification

In carrying out this research initiative it became abundantly clear that the operational definition of serious mental illness (SMI) is a broad one. Its interpretation and application appears to be very subjective as evidenced by the range of mental health consumers interviewed for the study. It was very difficult to complete the survey with some of the consumers while others were able to complete the survey themselves in written format. In this respect, it is readily apparent that individuals classified as having a serious mental illness - fall within a broad spectrum of needs and individual capabilities. Consequently, within the SMI category itself it became very obvious to the Researcher that there are also low, moderate and high levels of need depending on the individual's particular mental health disorder and this diversity of need within the SMI continuum is reflected in the project findings.

Input of Family Members

Through the interview process it became evident that a significant portion of consumers do not have any contact with family members. As well, given client confidentiality and logistical concerns it was impractical to contact individual family members to conduct interviews. Consequently, the primary source of family member input was obtained via interviews with representatives of self-help and survivor networks and volunteers who provide direct individual and group support for family members of individuals living with a serious mental illness.

CHAPTER THREE -
GEOGRAPHY, DEMOGRAPHICS AND AVAILABLE HOUSING STOCK

A) Geography and Population Profile

The Manitoulin and Sudbury Districts are best described as an urban centre (the Regional Municipality of Sudbury) surrounded by a number of rural areas (districts). These districts can be sub-divided into five areas: the Regional Municipality of Sudbury, Sudbury District East, Sudbury District West, Sudbury District North and Manitoulin. It is important to note that although certain communities are located within the geographic boundaries of specific districts, many residents travel to neighbouring communities or larger centres outside of their district to access required services. (Maps of these two districts highlighting the five geographic areas have been provided - see overleaf.)

Together, the Manitoulin-Sudbury districts occupy a land mass which covers more than 48,768 km and the total combined non-reserve population is 195,240. The table below identifies the population, land mass and estimated population density for all districts within Manitoulin-Sudbury.

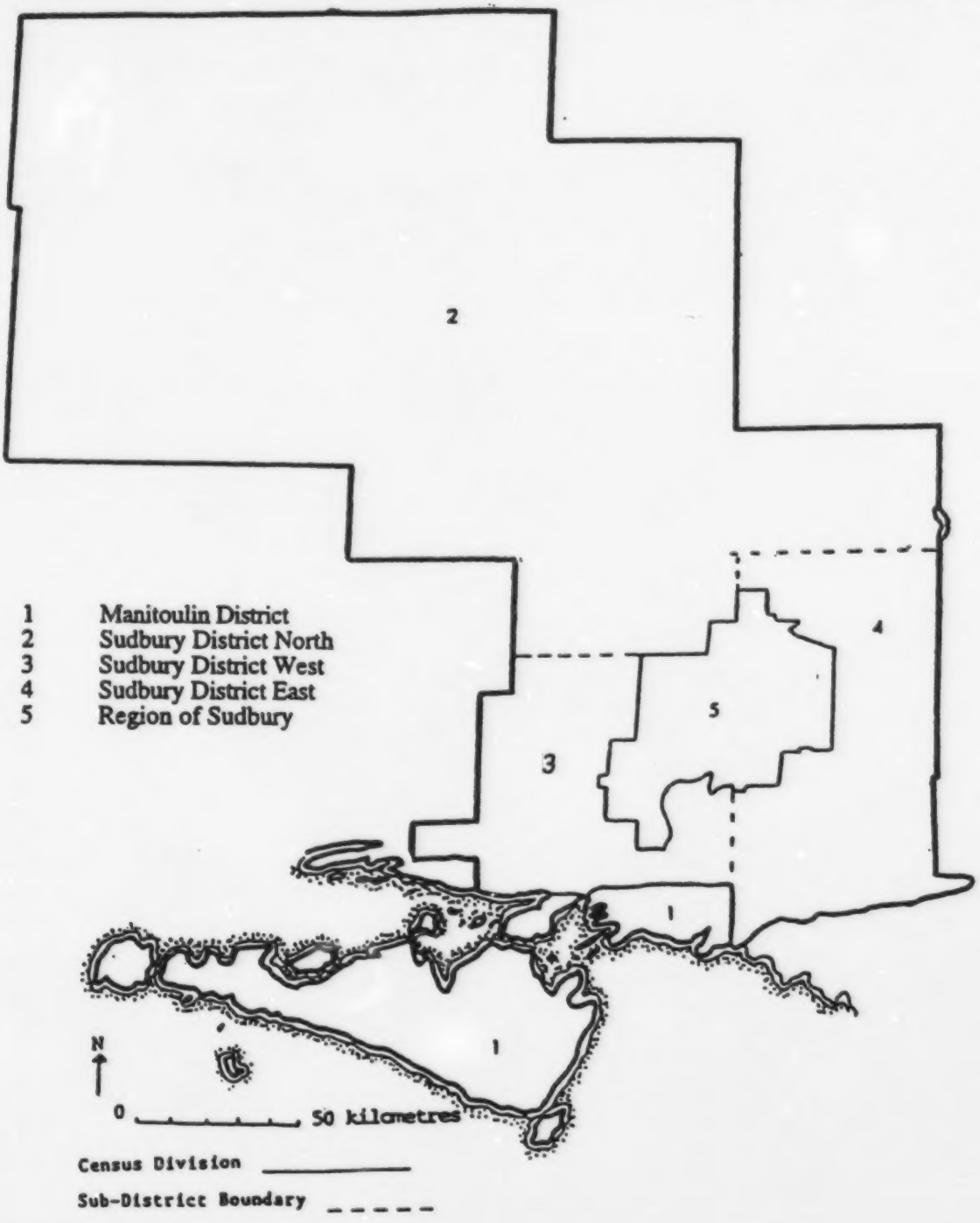
Table 1
Population by Sex and Estimated Land Mass and Population Density (1991)

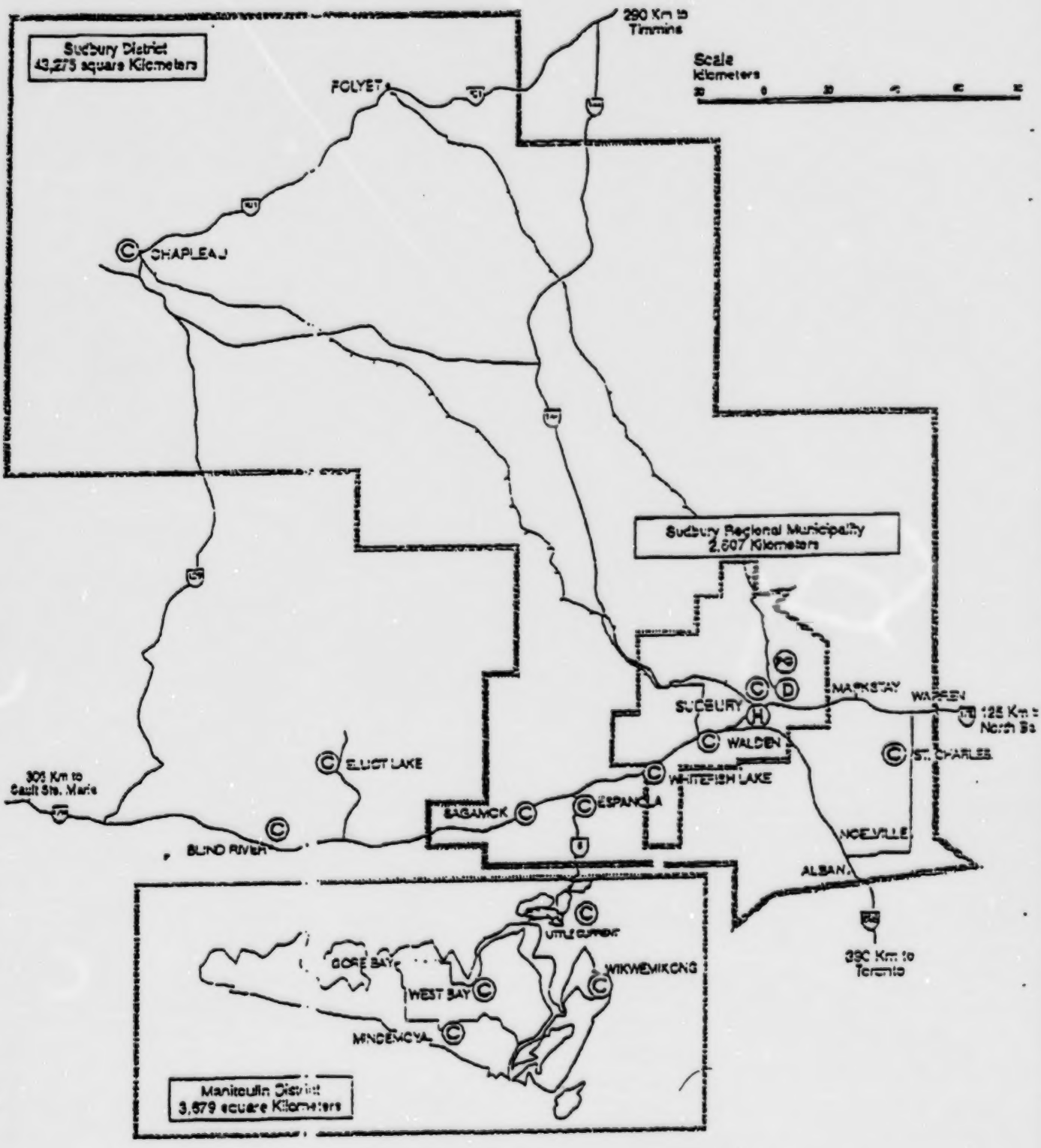
Census Area	Total Non-Reserve Population	Males	Percent	Females	Percent	Land Mass (km2)	Estimated Population Density
Ontario	*10,084,885*	*4,953,080*	*49.1%*	*5,131,805*	*50.9%*	*916,733.70*	*11.00*
Regional Municipality of Sudbury	161,210	79,285	49.2%	81,925	50.8%	2,607.02	61.84
District of Manitoulin	7,995	3,910	48.9%	4,090	51.2%	2,934.38	2.72
Sudbury District East	7,355	3,835	52.1%	3,525	47.9%	549.08	13.39
Sudbury District West	10,940	5,440	49.7%	5,475	50.0%	965.65	11.30
Sudbury District North	5,065	2,655	52.4%	2,420	47.8%	41,304.88	0.12
Other Sudbury District Communities (*Suppressed Census Data)	2,675	1,395	52.1%	1,265	47.3%	407.96	6.55
Total	**195,240**	**96,520**	**49.4%**	**98,700**	**50.6%**	**48,769**	**4.00**

Source: Statistics Canada, 1991Census, Part B (Enumeration Data)
* This category includes population figures collected from unorganized communities within the Sudbury District whose small populations were not captured by existing Census Enumeration Areas.

An excellent description of each geographic district has been compiled by the Manitoulin-Sudbury District Health Council in its January 1996 planning report entitled: Mental Health Reform, Manitoulin and Sudbury Districts - Analysis of Need. These descriptions are as follows:

DISTRICTS OF SUDBURY AND MANITOULIN




Sudbury District
43,275 square Kilometers
290 Km to
Timmins
Scale
Kilometers
FOLYET
CHAPLEAU
Sudbury Regional Municipality
2,607 Kilometers
SUDBURY
MARKSTAY
WARREN
125 Km t
North Ba
WALDEN
ST. CHARLES
ELLIOT LAKE
WHITEFISH LAKE
306 Km to
Sault Ste. Marie
BLIND RIVER
SAGAMOK
ESPANOLA
NOELVILLE
ALBAN
396 Km to
Toronto
LITTLE CURRENT
GORE BAY
WIKWEMIKONG
WEST BAY
MINDEMOYA
Manitoulin District
3,679 square Kilometers

Regional Municipality of Sudbury

The Regional Municipality of Sudbury is the only regional municipality in Northern Ontario. It consists of the City of Sudbury and Valley East and five towns (Capreol, Nickel Centre, Onaping Falls, Rayside Balfour, and Walden). Although the Region contains the urban centre (Sudbury) and is the most densely populated, it also is a large land mass and contains a number of rural communities within its boundaries. The Regional Municipality of Sudbury is recognized as a major transportation, medical, mining and educational centre for Northeastern Ontario. It is home to Laurentian University, Cambrian College and more recently, College Boreal. It is often referred to as the Northeastern Ontario medical centre as many tertiary level services are provided in Sudbury for residents from other Northeastern Ontario communities. In this respect, the Regional Municipality of Sudbury is a central access point for a vast array of human services and serves as the engine of economic development and employment for the area.

Sudbury District

The Sudbury District is predominantly rural (43,227 square kilometres) with a population of just over 26,000. Excluding the Regional Municipality of Sudbury, the district can be subdivided into three areas: Sudbury District East, Sudbury District West and Sudbury District North.

Sudbury District East

Sudbury District East includes the incorporated townships of Cosby, Mason and Martland; Casimir, Jennings and Appleby; Ratter and Dunnet; and Scollard. The unorganized communities of Alban, Callum, Estaire, French River, Monetville and Wanup are also included. The majority of communities in this district are located between Highway 69 in the South and Highway 17 in the East. This rural area serves as a farming and summer tourism destination and has a high percentage of French-speaking residents. The non-reserve population for Sudbury District East is 7,355.

Sudbury District West

Sudbury District West consists of: the towns of Espanola, Webbwood and Massey; the incorporated townships of Spanish River, Nairn and Baldwin; and the unorganized communities of Whitefish Falls and Willisville. The Whitefish Lake Indian Reserve and Sagamok Anishnawbek Reserve (located southwest of Massey) are also considered parts of this area. Most of these communities are located along Highway 17 West and most residents travel to Espanola to access health and social services as it is the area's largest centre. The non-reserve population for Sudbury District West is 10,940.

Sudbury District North

Sudbury District North includes the township of Chapleau, and the unorganized communities of Biscotasing, Cartier, Foleyet, Gogama, Pineal Lake and Sultan. Brunswick House, Chapleau Cree, Chapleau Ojibway and Mattagami First Nations communities are also included in this district. Sudbury District North is the largest geographic region of Sudbury district and features a widely dispersed population. The area is characterized by a number of logging and forestry hamlets connected by logging roads and rail. While the area is often referred to as Sudbury District North for census taking and planning purposes, it should be noted that this area is not seen as one distinct area by its inhabitants. Instead, people tend to identify with their own town or proximity to an urban centre rather than the regional area in which they actually reside. Residents of Gogama and Foleyet often travel to Timmins to access services while other residents south of these areas may travel to Sudbury or Sault Ste. Marie even though this involves a 2-5 hour drive. The non-reserve population of Sudbury District North is 5,065.

Manitoulin District

This district was actually settled before the Sudbury area and as a result, has many unique characteristics and a level of services that may not be found in communities elsewhere of comparative size. Manitoulin District is comprised of: Manitoulin Island; a number of smaller islands in its immediate surroundings; and the townships of Rutherford and George Island, Carlyle and Humbolt located on the mainland south of the Region of Sudbury. Manitoulin Island consists of a number of small rural communities. The island itself is over 100 miles long (larger than Prince Edward Island) and travel time to Sudbury ranges from 1.5 to 3.0 hours depending on location. Farming, fishing and tourism are the largest industries in the district. The non-reserve population of Manitoulin Island is 7,995.

B) Prevalence Rates and Demographics

The Ontario Ministry of Health currently utilizes a 2% prevalence rate for serious mental illness among the population. Given this prevalence rate it is estimated that there are approximately 3, 096 individuals (non-reserve population aged 15 and over) who may be experiencing a serious mental illness in the Districts of Manitoulin and Sudbury. (See table below.)

Table 2
Seriously Mentally Ill Population Estimate: Non-Reserve Population, Manitoulin and Sudbury Districts

	District of Manitoulin	Sudbury District East	Sudbury District North	Sudbury District West	Region of Sudbury	Totals
Total Population *	8,420	8,343	6,209	10,709	161,210	194,891
# SMIv	168	167	124	214	3,224	3,897
Population 15 years + *	6,840	7,213	5,479	8,524	126,720	154,776
#SMIv	137	144	110	171	2,534	3,096

* Based on 1991 Census Data
v Based on 2% prevalence estimate (Ministry of Health, 1996.)
Compiled by Manitoulin-Sudbury District Health Council.

For the Native populations living on reserves within the two districts there are an estimated 154 individuals with a serious mental illness. (See Tables 3 and 4 below.)

Table 3
Seriously Mentally Ill Population Estimate: First Nation Bands, District of Manitoulin

	District of Manitoulin	Cockburn Island	Sheg-uiandah	Shesh-egwaning	Sucker Creek	West Bay	Whitefish River (Birch Island	Wikwem-ikong
Total Population *	8,478	75	216	314	459	1,657	728	5,029
# SMIv	170	2	4	6	9	33	15	101
Population 15 years + *	6,514	61	171	260	325	1,285	558	3,854
#SMIv	130	1	3	5	7	26	11	77

* Based on 1991 Census Data
v Based on 2% prevalence estimate (Ministry of Health, 1996.)
Compiled by Manitoulin-Sudbury District Health Council

Table 4
Seriously Mentally Ill Population Estimate: First Nation Bands, District of Sudbury

	District of Sudbury	Brunswick House	Chapleau Cree	Chapleau Ojibway	Mattagami	Whitefish Lake
Total Population *	1,500	444	223	29	275	529
# SMI❖	30	9	5	1	6	11
Population 15 years + *	1,209	359	197	24	216	413
#SMI❖	24	7	4	1	4	8

* Based on 1991 Census Data
❖ Based on 2% prevalence estimate (Ministry of Health, 1996.)
Compiled by Manitoulin-Sudbury District Health Council.

Consequently, with these combined non-reserve and on-reserve prevalence estimates there are approximately 3,250 individuals dealing with a serious mental illness residing in the two districts.

In terms of language and culture, more than 70% of the population within the two districts identifies English as being their mother tongue. However, there is also a significant portion of the total population which speaks French. In fact, 50.9% of the population in Sudbury District East and 38.3% of the population in Sudbury District North identify French as their mother tongue while approximately 27.2% of residents within the Regional Municipality of Sudbury are also French-speaking. The District of Sudbury including the Regional Municipality of Sudbury is also designated under the

French Language Services Act. A more detailed analysis of the francophone population within the two districts is provided in the table below.

Table 5

Mother Tongue French: Ontario, Districts of Manitoulin and Sudbury

Census Area	Total Non Reserve Population	Mother Tongue French	Percentage of Mother Tongue French
Ontario	10,084,885	464,040	4.60%
Regional Municipality of Sudbury	161,210	43,850	27.20%
District of Manitoulin	7,995	115	1.44%
Sudbury District East	7,355	3,745	50.92%
Sudbury District West	10,940	1,465	13.39%
Sudbury District North	5,065	1,940	38.30%

Source: Statistics Canada, 1991 Census, Part A
Compiled by Manitoulin-Sudbury District Health Council

There are also seven First Nations communities in Manitoulin District, six of which belong to an umbrella organization known as the United Chiefs and Councils of Manitoulin (UCCM). The Wikwemikong Reserve, which is the largest First Nations community is no longer a participant in UCCM. The total registered band population on Manitoulin Island is 8,478. In the District of Sudbury, there are a total of six First Nations communities with a combined registered band population of 1,500. For a breakdown of these First Nations populations see the table below.

Table 6

Registered Band Population
Districts of Manitoulin and Sudbury
(1991)

First Nation Band	Total On Reserve Population	Total Off Reserve Population	Crown Land	Band Total
Ontario	*59,698*	*55,270*	*2,184*	*117,152*
District of Manitoulin				
Cockburn Island	9	66	-	*75*
Sheguiandah	105	111	-	*216*
Sheshegwaning	120	194	-	*314*
Sucker Creek	292	167	-	*459*
West Bay	763	892	2	*1,657*
Whitefish River	308	420	-	*728*
Wikwemikong	2,467	2,562	-	*5,029*
Sub-Total	***4,064***	***4,412***	***2***	***8,478***
District of Sudbury				
Brunswick House	117	327	-	444
Chapleau Cree	2	221	-	223
Chapleau Ojibway	26	3	-	29
Mattagami	122	153	-	275
Sagamok	961	n/a	n/a	n/a
Whitefish Lake	231	297	1	529
Sub-Total	***1,459***	***1,001***	***1***	***1,500***
TOTAL	**5,523**	**5,413**	**3**	**9,978**

Source: Department of Indian and Northern Affairs, Canada, 1992

In addition to these three distinct cultural groups there are also a number of other ethnic populations within the two districts. The City of Sudbury is the most culturally diverse community with 11% of the population having a non-official language as their mother tongue. As well, both the City and Regional Municipality of Sudbury include populations whose mother tongue is either Italian, Ukrainian, German or Polish. Manitoulin Island is predominantly English (84%) with German being identified most often as a non-official language mother tongue (0.9%).

C) Available Housing

In terms of available housing options for this target group, the Housing Program of the CMHA is almost the sole provider of supportive housing for residents in the Manitoulin-Sudbury Districts. The CMHA currently provides dedicated support to individuals in 51 housing units (spaces) within the districts with the majority of these units being located in the City of Sudbury. This includes providing support to 24 people in a segregated residential complex (Fairview Heights), as well as seven units in a Co-operative Housing Complex (Raifeissen), 10 units with the Sudbury and District Housing Authority (located throughout the district) and another 10 units within the Christ the King Residential Complex located in the downtown core of the City of Sudbury.

There is also one unit provided by the Mindemoya Community Clinic of Network North in which informal support is made available and a group home for the developmentally disabled in Wikwemikong also serves as a residential support for individuals with a serious mental illness. At this group home approximately 3 of the existing 8 spaces are used to provide supportive housing for clients who are having difficulty coping with their illness and/or remaining in their existing residential setting. As well, the North Bay Psychiatric Hospital also administers 36 beds in its Homes for Special Care program which provides discharged clients with a place to stay until they find other accommodations.

Outside of these resources, clients with a serious mental illness can apply for subsidized housing - but these units usually have lengthy waiting lists and no available supports to accommodate their mental illness. Many of these clients choose to reside in boarding houses/apartments maintained by private operators. The quality of these living arrangements is most often less than adequate and individuals tend to move from these locations on a frequent basis. As a last resort and usually when clients are in crisis situations there are emergency shelters within the City of Sudbury. These include the Salvation Army and the Housing Resource Centre which attempt to accommodate these individuals who are in desperate need of shelter, food and emotional support.

Consequently, in terms of available housing units for the seriously mentally ill population in Manitoulin-Sudbury there are only 55 designated spaces. This supply of available supportive housing is very inadequate especially when one looks at the provincial benchmarks established by the Ontario Ministry of Health for housing and support services. According to these benchmarks which are based on a 0.4% provincial

utilization rate, it is estimated that there should be 103 spaces per 100,000 population in Ontario. Based on these benchmarks, Manitoulin and Sudbury Districts "should have approximately 224 spaces by the year 1997/98 ... By the year 2002/3, the number of spaces increases to 470 (using the population projection figure of 226,838).[4]

In this regard, it is quite obvious that there is a significant undersupply of available supportive housing units to meet the current and future needs of the seriously mentally ill population within the two districts. This lack of capacity should be a priority issue of concern in the planning of mental health services as it is a fundamental element in assisting individuals to remain in their home communities for as long as possible.

CHAPTER FOUR - FINDINGS

I. CONSUMER SURVEY

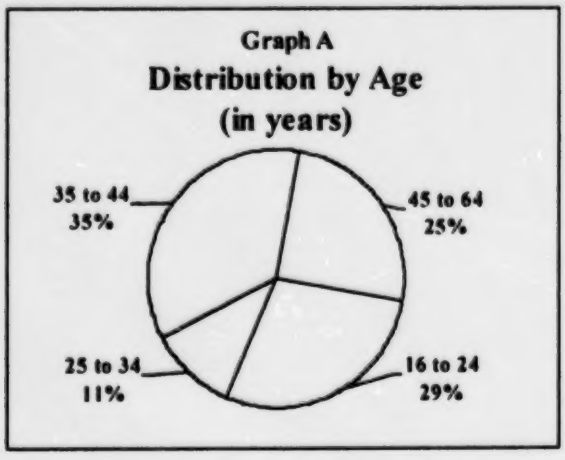
For the purposes of this research project 100 mental health care consumers were interviewed and the following data was collected. It should be noted that the consumer survey instrument was designed to collect information for a variety of research purposes and that not all questions administered to mental health consumers are fully summarized within the findings of this report. The Researcher has presented data and findings which are most relevant to the purpose and focus of the research project and results have been rounded off to the nearest percentage for easier interpretation.

A) Demographic Profile of Respondents

- AGE

The complete set of 100 consumers responded to this question and the age breakdowns for the sample group are as follows:

29% are 16-24 years of age
11% are 25-34 years of age
35% are 35-44 years of age
25% are 45-64 years of age



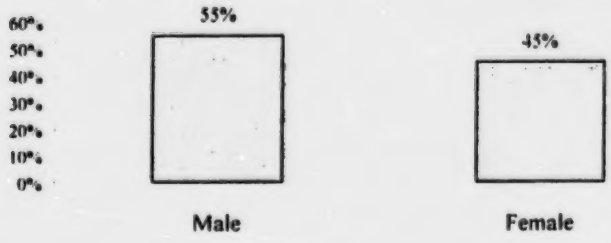
The average age of all respondents was 43 years and 63% of survey respondents are between 25 - 44 years of age. The concentration of respondents in the 25-44-year-old category is about 15% higher than that of the overall age distribution of the provincial population and this age concentration is very much in keeping with the demographic profile of the overall SMI population provincially. (See Table 7 below.)

Table 7 Manitoulin and Sudbury Districts by Age (1991)											
Census Division	Total Pop. 1991	0 to 14 years		15 to 44 years		45 to 64 years		65 to 74 years		75+ years	
Ontario	10,084,885		20.4%		48.0%		19.9%		7.1%		4.7%
District of Manitoulin	7,995	1,500	18.8%	2,855	35.7%	1,950	24.4%	870	10.9%	715	8.9%
Sudbury District East	7,355	1,560	21.2%	3,185	43.3%	1,825	24.8%	530	7.2%	250	3.4%
Sudbury District West	10,940	2,385	21.8%	5,185	47.4%	2,180	19.9%	780	7.1%	455	4.2%
Sudbury District North	5,065	1,205	23.8%	2,435	48.1%	1,015	20.0%	270	5.3%	120	2.4%
Region of Sudbury	161,210	33,015	20.5%	77,630	48.2%	33,745	20.9%	10,985	6.8%	5,825	3.6%
Communities Surrounding Region of Sudbury	2,675	585	21.9%	1,240	46.4%	670	25.0%	170	6.4%	75	2.8%
Source: Statistics Canada 1991 Census, Part A (Enumeration Data)											

- GENDER

Of the 100 survey respondents 55% were male and 45% were female.

Graph B
Gender Distribution of Survey Respondents

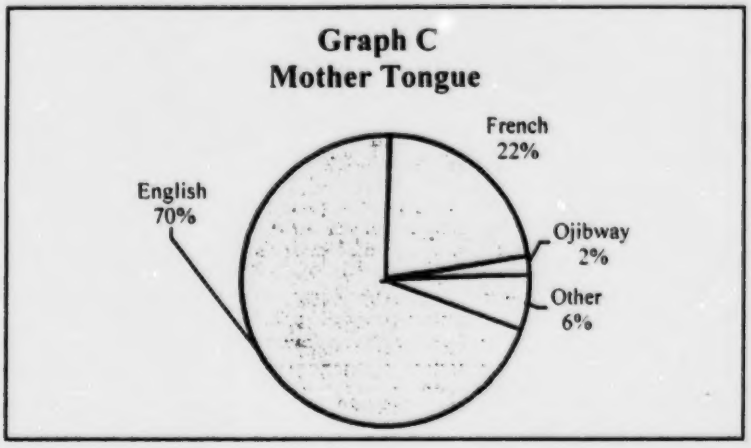


These figures are somewhat different than the overall gender distribution of the two districts in which there is a slightly larger proportion of females. However, in terms of the SMI population these gender distributions are similar to provincial distributions for incidence rates of mental illness in that a larger portion of the male population tends to suffer from schizophrenia while women tend to have a higher rate of incidence for suffering from affective psychoses (i.e. depression/anxiety disorders).

- MOTHER TONGUE

Survey respondents indicated the following mother tongue:
100 respondents:

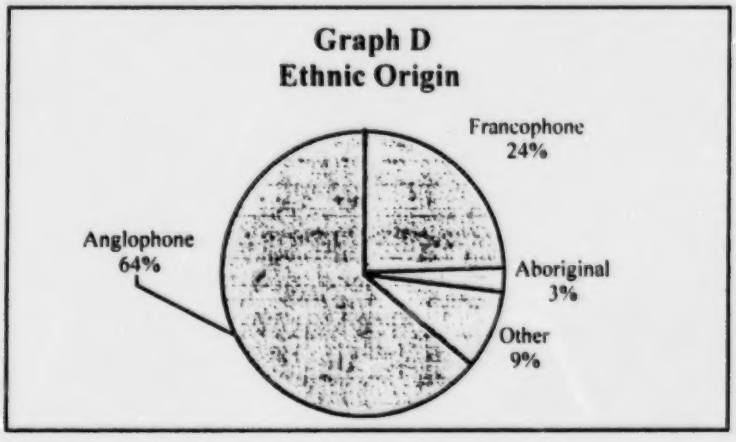
70% English	2% Ojibway
22% French	6% Other



- ETHNIC ORIGIN

In terms of ethnic origin the results were slightly different as individuals surveyed identified themselves as being:

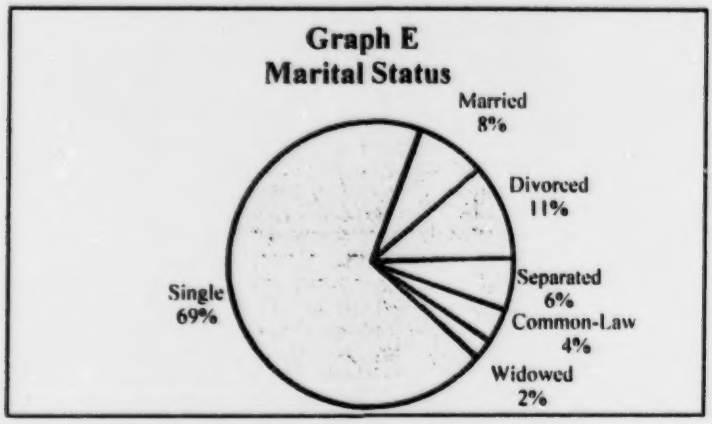
Anglophone	64%	Aboriginal	3%
Francophone	24%	Other	9%



- MARITAL STATUS

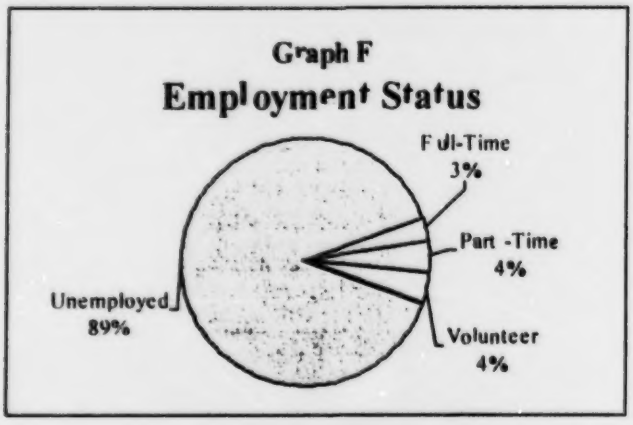
The vast majority of the 100 consumers who responded are single (69%), while 8% report that they are married. Another 11% are divorced, 6% are separated, 4% live common law and 2% are widowed. The high concentration of single respondents is more than double the provincial average which identifies that approximately 29% of the adult population is single. As well, at the national level 1991 Census data reveal that 41.8% of Canadians

are single. These results are very much in keeping with other sources of data which identify that upwards of 60% of the seriously mentally ill population is single or estranged.



- EMPLOYMENT STATUS

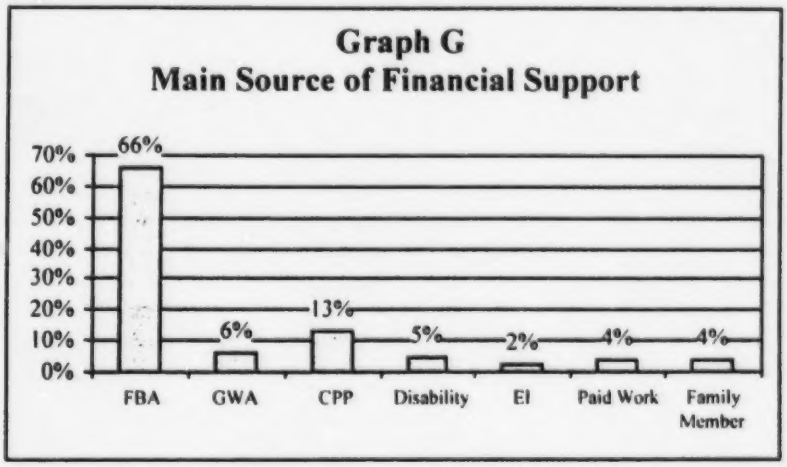
According to the survey, of the 100 individuals who responded, 89% of respondents are unemployed, while 3% work full-time. Another 4% report themselves to be working part-time and the remaining 4% said that they volunteer their time.



- MAIN SOURCE OF FINANCIAL SUPPORT

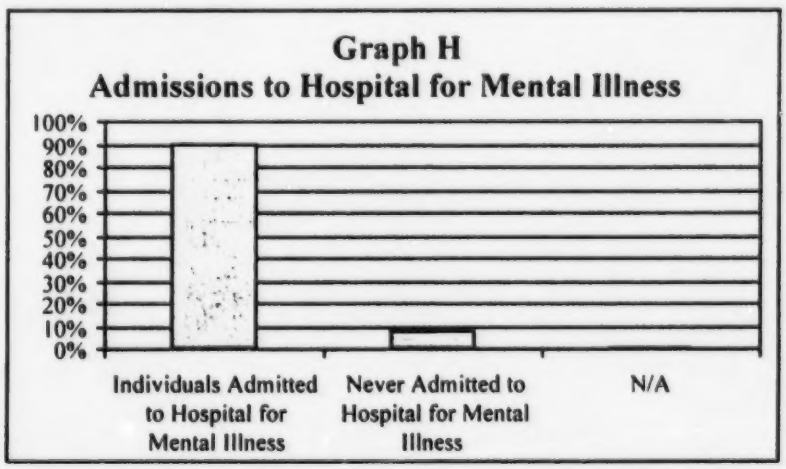
Of the 100 respondents who answered this question 66% identify FBA (Family Benefits Assistance) as their primary source of income. Another 6% reported GWA (General Welfare Assistance) as their main source of financial support, while 13% collect Canada Pension (CPP) or a disability pension (5%). As well, 2% of respondents receive employment insurance (EI), while another 4% draw their income from paid work. The

remaining 4% identify their main source of financial support as coming from their spouse or family members.



- ADMISSIONS TO HOSPITAL FOR MENTAL ILLNESS

Of the 91 consumers who responded to this question, it was found that 82 individuals or (90%) have been admitted to hospital because of their mental illness and it appears that the average number of hospitalizations is slightly more than 6 per respondent in their lifetimes.

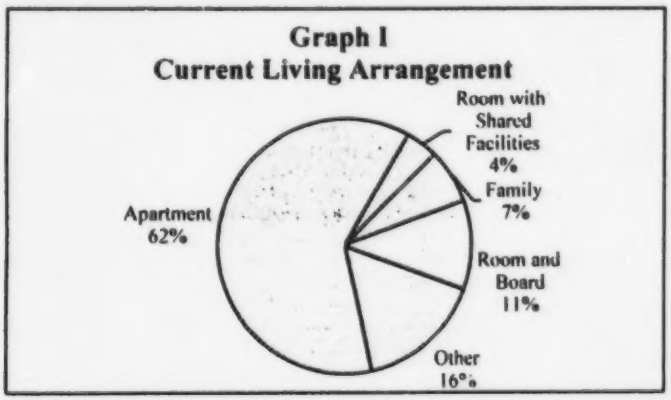


B) Housing Data – Notable Findings

In this segment of the interview, consumers were asked to provide information regarding their current housing arrangements. The results are as follows:

- CURRENT LIVING ARRANGEMENTS

According to survey results, the majority of 100 respondents interviewed (62%) currently live in an apartment. Another 16% live in other accommodations (such as single detached or mobile homes etc.) and 11% reside in a room and board arrangement. As well, 7% of those interviewed live with their family while the remaining 4% report that they live in a room with shared facilities. (See Graph I below.)



In terms of geographic location, the distribution of individuals according to current living arrangements within the Sudbury-Manitoulin districts is provided in the table below.

Table 8
Current Living Arrangements by Geographic Location

Living Arrangement	RMOS	SDN	SDE	SDW	Man.Isl.
a. room with shared facilities	4				
b. room and board	11				
c. apartment	54	4		3	1
d. with family	3	1	1	1	1
e. group home					
f. other	8		4	1	3
Totals	**80**	**5**	**5**	**5**	**5**

Legend: RMOS – Regional Municipality of Sudbury
SDN – Sudbury District North
SDE – Sudbury District East
SDW – Sudbury District West
Man.Isl. – Manitoulin Island

With respect to gender, the distribution of individuals according to current living arrangements is as follows:

	Males	Females
a) room with shared facilities	3	1
b) room and board	7	4
c) apartment	37	24
d) with family	4	3
e) group home		
f) other	4	13
Totals	**55**	**45**

With regard to language/culture, the distribution of individuals by current living arrangement is provided in the table below.

TABLE 9

Current Living Arrangements by Language/Culture

Living Arrangement	Anglophone	Francophone	Native	Other
a. room with shared facilities	2	1		1
b. room and board	9		2	
c. apartment	36	20	1	5
d. with family	5	1		1
e. group home				
f. other	12	2		2
Totals	**64**	**24**	**3**	**9**

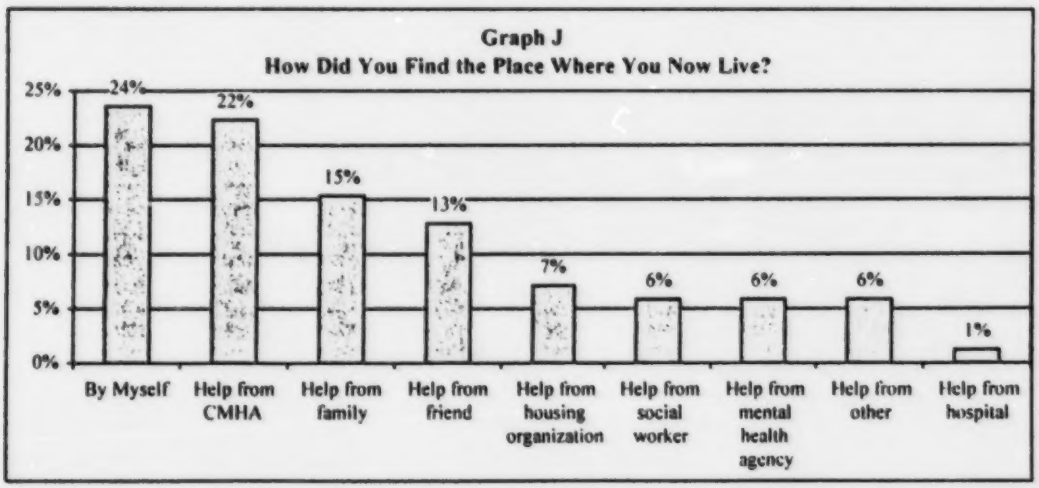
Consumers were then asked to respond to the following questions:

- TENURE

- *How did you find the place where you now live?*

When asked this question, 85 individuals provided the following responses:

a) By myself	20 respondents (24%)
b) Help from CMHA	19 respondents (22%)
c) Help from family	13 respondents (15%)
d) Help from friend	11 respondents (13%)
e) Help from housing organization	6 respondents (7%)
f) Help from social worker	5 respondents (6%)
g) Help from mental health agency	5 respondents (6%)
h) Help from other	5 respondents (6%)
i) Help from hospital	1 respondent (1%)



For the remaining 15 survey respondents the question was either not applicable because these individuals were living in their own home or they chose not to respond.

With respect to geographic location, the most significant finding appears to be that a larger proportion of individuals from the outlying regions (57%) found their own housing while within the Regional Municipality of Sudbury this figure was only 27%. This is not surprising, since the majority of community support organizations are located in the urban centre of Sudbury. (See Table 10 below.)

TABLE 10
Finding Place of Residence

Method	RMOS	SDN	SDE	SDW	Man.Isl.
a. help from friend	10				1
b. help from social worker	5				
c. help from family	11	1	1		
d. help from hospital	1				
e. help from housing organization	4		1	1	
f. help from mental health agency	4		1		
g. help from CMHA	19				
h. by myself	12	2	1	3	2
i. other	5				
Totals	71	3	4	4	3

Fifteen individuals did not respond or felt that the question was not applicable (N.A.)

If we look at gender, it appears that the most noticeable difference is that a significant portion of males found their housing with the assistance of the CMHA while more females found their housing on their own. The top four responses for both groups are as follows:

Males				**Females**			
CMHA	13	Myself	9	Myself	13	Friend	6
Friend	10	Family	7	Family	7	CMHA	4

- *Was there a waiting list?*

Eighty-one consumers responded to this question and 27 of these individuals or 33% identified that there was a waiting list when they took occupancy of their current residence. The remaining 54 respondents (66.6%) said that there was not a waiting list. From a geographic location perspective, it appears that the majority of units which have a waiting list are located in the Regional Municipality of Sudbury. (See Table 11 below.)

TABLE 11
Waiting List for Housing

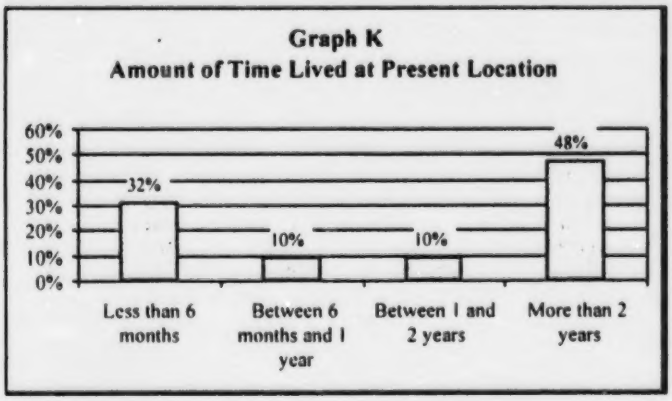
Response	RMOS	SDN	SDE	SDW	Man.Isl.	Totals
Yes	24	1		2		27
No	40	4	3	3	4	54
						81

Nineteen individuals indicated N.A. or no response.

- *How long have you lived at your present location?*

One hundred individuals responded to this question and it was revealed that individuals have lived at their current location for:

a) less than 6 months	32%
b) between 6 months and 1 year	10%
c) between 1 and 2 years	10%
d) more than 2 years	48%



In looking at this survey data for the five geographic areas, it appears that the largest proportion of respondents from each area have lived at their present location for more than two years. (See Table 12 below.)

TABLE 12
Duration of Tenure

Length of Tenure	RMOS	SDN	SDE	SDW	Man.Isl.
a. less than 6 months	29	1	1		1
b. between 6 months and 1 year	8			1	1
c. between 1 and 2 years	9	1			
d. more than 2 years	34	3	4	4	3
Totals	**80**	**5**	**5**	**5**	**5**

These findings are consistent for both males and females as seen by the gender breakdown for this question below:

	Males	Females
a. less than 6 months	18	14
b. between 6 months and 1 year	5	5
c. between 1 and 2 years	6	4
d. more than 2 years	26	22
Totals	**55**	**45**

With regard to language/culture, the distribution of respondents by length of tenure is provided in Table 13 below.

TABLE 13
Duration of Tenure by Language/Culture

Length of Tenure	Anglophone	Francophone	Native	Other	Totals
a. less than 6 months	20	10		2	32
b. between 6 months and 1 year	4	3	2	1	10
c. between 1 and 2 years	6	2		2	10
d. more than 2 years	34	9	1	4	48

- *Do you pay rent?*

Survey results reveal that 94 individuals responded to this question and of this group the vast majority of respondents, 86 individuals (92%), identified that they pay rent on a monthly basis while 8 respondents (8%) do not. Table 14 below provides a breakdown of this survey data by the five geographic locations.

TABLE 14
Paying Rent

Response	RMOS	SDN	SDE	SDW	Man.Isl.	Totals
Yes	71	3	3	5	4	86
No	5	1	1		1	8
						94

6 individuals indicated N.A. or no response.

For these individuals who do pay rent - the average monthly rent is approximately $320.00 per month. The highest monthly rent was $825.00 while the lowest was $50.00. These rent figures pertain to households where rent is being paid for individual respondents and also includes households where other family members are included.

After paying rent 62% of the 94 individuals who responded to this question or (58 consumers) reported that they had very little discretionary income left and expressed that it was most difficult to buy the following items after paying their rent (these items are listed in descending order of incidence as identified by survey respondents; survey respondents had the opportunity to select more than one response):

Clothing	32 (55%)
Food	24 (41%)
Cigarettes	23 (40%)
Bus Fare/Transportation	23 (40%)
Movies / Entertainment	23 (40%)
Personal Needs	22 (38%)
Coffee	16 (28%)

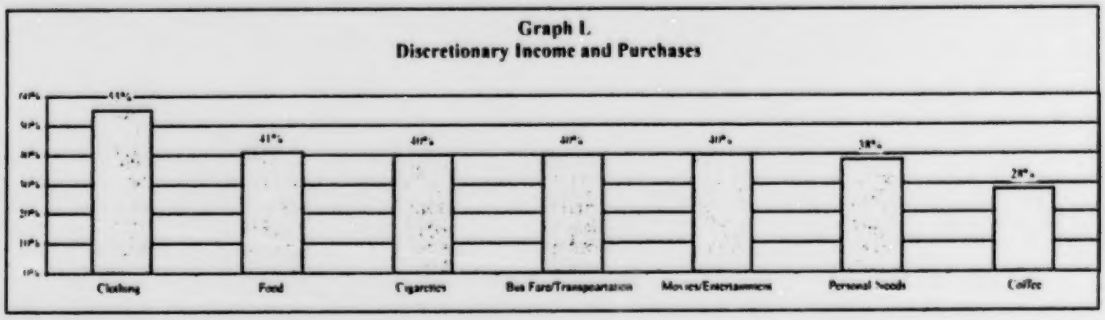
A breakdown of these identified items according to the five geographic locations is provided below in Table 15.

TABLE 15

Difficult Items to Purchase after Paying Rent

Item	RMOS	SDN	SDE	SDW	Man.Isl.	Total
Clothing	19	3	3	3	4	32
Food	9	4	4	4	3	24
Cigarettes	17	2	2	1	1	23
Bus fare	20	1		2		23
Movies	17	2	2	1	1	23
Personal Needs	15	1	2	2	2	22
Coffee	13	1	1		1	16

A further visual representation of these identified items is provided in the bar graph included below in Graph L.

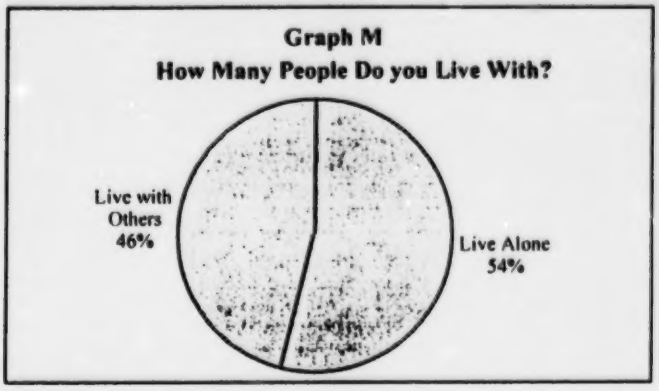


Thirty-six respondents said that they did not have any financial difficulties after paying their monthly rent. Of these 36 respondents 21 were male and 15 were female.

In this regard, it appears that more than half of the 62 % of individuals who responded to this question have difficulty buying clothing after paying rent. More than 40 % have difficulty buying required food and an additional 40 % of this group has difficulty affording cigarettes, bus fare/transportation and movies/entertainment respectively.

- *How many people do you live with at present?*

The majority of the 100 respondents who answered this question (54%) identified that they live alone. The remaining 46% of consumers either lived with their families or in shared accommodations with roommates or friends. Within this group the average number of persons lived with was 3.3. (See Graph M below.)



In terms of geographic location, it appears that the proportion of individuals who live with others is significantly higher in the outlying communities than in the Regional Municipality of Sudbury. (See Table 16 below.)

TABLE 16
Number of People Lived With

Living Status	RMOS	SDN	SDE	SDW	Man.Isl.
Live Alone	48	1	1	3	1
With Others	32	4	4	2	4
Totals	80	5	5	5	5

With respect to gender, the notable finding is that the proportion of males who live alone is much higher than females. This is reflected in survey data which reveals that only 15 female respondents live alone as compared to 39 males.

Among the respondents who live alone, 29 individuals (54%) are anglophone, 19 (35%) are francophone, 1 (2%) is Native and 5 (9%) are from other cultural backgrounds.

- *Is there a staff person in the location where you live now?*

When asked this question, 36% of the total 100 respondents who responded to the question said that there was a staff person in the building where they lived while 64% said there was not. This number was somewhat inflated as some respondents considered their landlord to be a staff person. Most respondents who answered yes to this question were not sure how often the staff person was in the building and the remainder of the group reported that the staff person was in the building once or twice per week on average.

In regard to the five geographic locations surveyed, it appears that only one respondent living outside of the Regional Municipality of Sudbury identified that there was a staff person in the location where they now live. (See Table 17 below.)

TABLE 17
Staff Person On-Site

Response	RMOS	SDN	SDE	SDW	Man.Isl.	Total
Yes	35			1		36
No	45	5	5	4	5	64

With respect to gender, it appears that slightly more than half of the 36 respondents who report that there is a support worker where they live are female (19 respondents).

In terms of language/culture, 100% of Natives, almost 70% of anglophones and 50% of francophones report that there is no staff person where they live. (See Table 18 below.)

TABLE 18
Staff Person On-Site (Language/Culture Comparison)

Response	Anglophone	Francophone	Native	Other
Yes	20	12	0	4
No	44	12	3	5
Totals	**64**	**24**	**3**	**9**

- *Do you participate in programs where you live?*

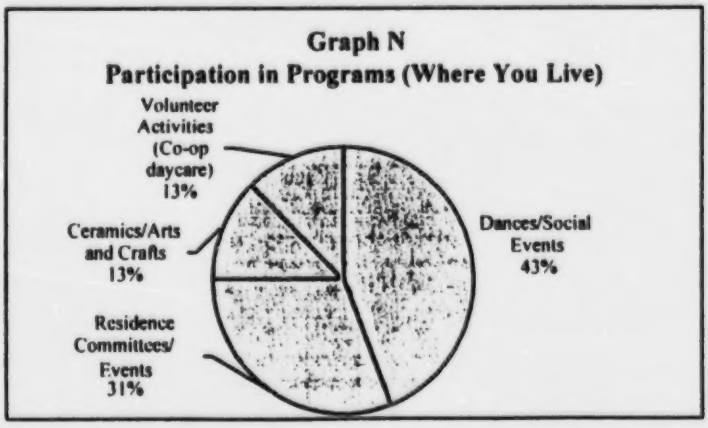
The majority of the 100 respondents who responded to this question (84%) identified that they do not participate in any programs where they live. For the individuals surveyed who live outside of the Regional Municipality of Sudbury only one respondent identified that they participate in programs where they live. (See Table 19 below.)

TABLE 19
Participation in Programs

Response	RMOS	SDN	SDE	SDW	Man.Isl.	Totals
Yes	15				1	16
No	64	5	5	5	4	84

For the 16% who do participate in programs, these individuals identified that they participate on residence committees, social activities such as dances and ceramics classes or volunteering within their residence. The proportion of males and females participating in programs is quite similar with 9 of the 16 being male and 7 of the 16 being female. For a detailed breakdown of participation in specific activities see Graph N below.

Graph N
Participation in Programs (Where You Live)


Volunteer Activities (Co-op daycare) 13%
Ceramics/Arts and Crafts 13%
Residence Committees/ Events 31%
Dances/Social Events 43%

C) Assessment of Living Conditions – Pertinent Findings

In this component of the survey respondents were asked to rate the adequacy of their current living arrangements according to a number of criteria such as: proximity to stores and services, perceived security, maintenance, privacy, lighting, decor, laundry facilities and ventilation. Individuals were asked a series of 23 questions and were asked to assess their current housing arrangements according to a scale involving 4 responses. These responses included Poor, Fair, Good, and Excellent. For a thorough review of respondents' housing assessments see Appendix E which provides a complete summary for the total sample group.

- *Overall do you like where you are living now?*

Of the 100 consumers interviewed, 83 individuals reported that they like where they are living now while 14 respondents said that they did not like where they currently live. Three individuals were undecided. It is interesting to note that in terms of geographic location, the total sample group from outside the Regional Municipality of Sudbury identified that they like where they are currently living. (See Table 20 below.)

TABLE 20
Rating of Current Living Arrangements

Response	RMOS	SDN	SDE	SDW	Man.Isl.	Totals
Yes	63	5	5	5	5	83
No	14					14

The proportion of individuals who said that they did not like where they now live was equally divided amongst males and females with each category having seven respondents.

In terms of language/culture, the distribution of respondents for this question is provided below in Table 21.

TABLE 21
Rating of Current Living Arrangements (Language/Culture Comparison)

Response	Anglophone	Francophone	Native	Other	Totals
Like	56	21	1	5	83
Dislike	7	2	2	3	14
	63	23	3	8	97

Of this total sample, it appears that what respondents like <u>most</u> about where they live are the location, individual privacy, quietness, size and cleanliness of their living space and being surrounded by friendly neighbours and/or tenants. In terms of specific numbers, these choices were as follows:

Factors	Individuals	Percentage
Location	32	34%
Quietness	21	22%
Size	18	19%
Cleanliness	17	18%
Friendly Neighbours/Tenants	7	7%
Total Number of Respondents	**95**	**100%**

What respondents like least about where they live are the noise level, lack of privacy, poor location, poor maintenance, lack of security at night, lack of social interaction and small living spaces. A detailed breakdown of these factors is provided below.

Factors	Individuals	Percentage
Noise Level	23	24%
Lack of Privacy	18	19%
Poor Location	15	16%
Poor Maintenance	13	14%
Lack of Security	11	12%
Lack of Social Interaction	9	9%
Small Living Space	6	6%
Total Number of Respondents	**95**	**100%**

D) Preferred Housing Alternatives

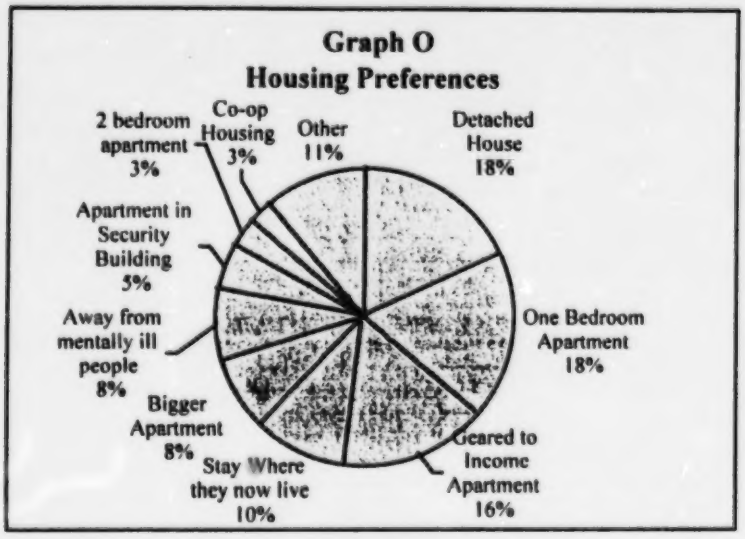
In the last portion of the interview, respondents were asked to provide information on where and how they would most like to live. Respondents were asked the following:

- *Given the same level of income, in what type of housing would you prefer to live?*

Seventy-three individuals responded to this question. Housing preferences reported were:

Housing Preference	No. of Respondents	Percentage
detached house	13	18%
one bedroom apartment	13	18%
geared to income apartment	12	16%
stay where they now live	7	10%
bigger apartment	6	8%
away from mentally ill people	6	8%
apartment in security building	4	5%
two-bedroom apartment	2	3%
co-op housing	2	3%
other	8	11%
Totals	**73**	**100%**

The remaining "other" individual response categories (11%) included some of the following preferences: a house in the country, a larger house, a group home, trailer home, horse ranch, in Toronto, in a cleaner place and a building with a pool/sauna.



According to survey respondents, the majority of individuals (52%) would prefer to live either in a detached house, one-bedroom apartment or geared-to-income apartment. Another 10% would prefer to stay where they are currently living. These findings are not very surprising given that 62% of the total sample group (100 individuals) currently live in an apartment setting.

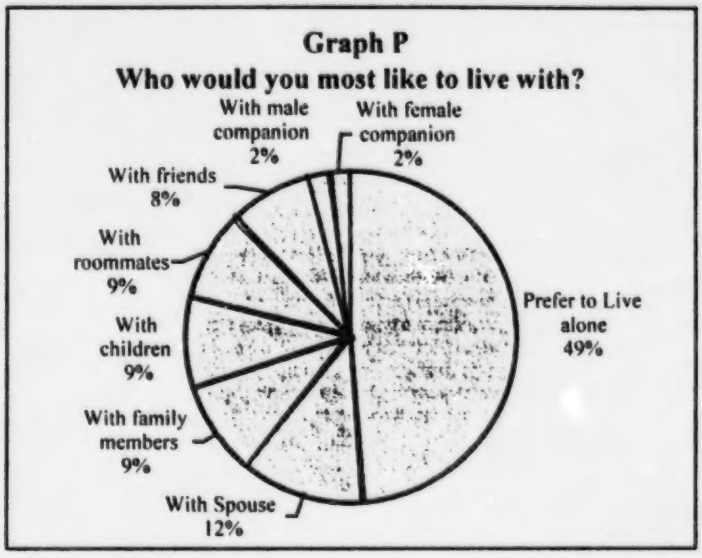
In terms of geographic location, this question elicited similar response patterns for the five geographic areas. The most preferred housing option for the 20 individuals who responded appears to be a larger apartment or house (7 respondents or 35%), while 4 respondents (20%) identified that they would like to stay where they now live.

- *Who would you most like to live with?*

Of the 89 respondents who answered this question the most-cited responses included the following:

	No. of Respondents	Percentage
prefer to live alone	43	48%
with spouse	11	12%
with family members	8	9%
with children	8	9%
with roommates	8	9%
with friends	7	8%
with male companion	2	2%
with female companion	2	2%
Totals	**89**	**100%**

The following graph provides a visual representation of this data.



These survey findings are consistent with earlier survey data in which 54% of the total sample group reported that they currently live alone.

All of the five geographic locations revealed similar data patterns except for Sudbury District East in which only one of the five survey respondents identified that they would prefer to live alone. (See Table 22 below.)

TABLE 22
Preferred Living Situation

Living Situation	RMOS	SDN	SDE	SDW	Man.Isl.	Totals
Prefer to live alone	31	4	1	4	3	43
With spouse	11					11
With family members	2		3	1	2	8
With children	8					8
With roommates	8					8
With friends	6	1				7
With male companion	2					2
With female companion	1		1			2
	69	5	5	5	5	89

Of the 43 respondents who said that they would prefer to live alone 26 were male and 17 were female. As well, for this same group of 43 respondents, 28 individuals or 65% were anglophone, 10 or 23% were francophone, 1 or 2% were Native and 4 or 9% were from other cultural backgrounds.

- *How many people would you prefer to live with in a residence?*

For this question, the interviewer explained "residence" to be the place where you live. Only 53 individuals responded to this question as most consumers in the sample group

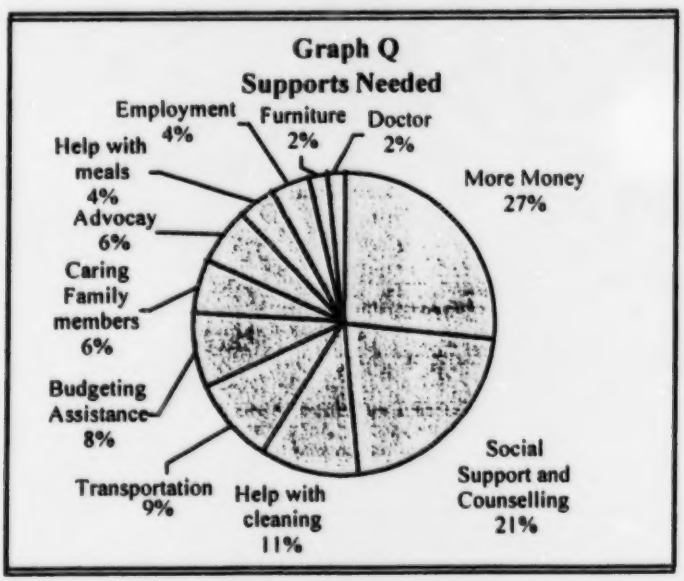
live alone or felt that this question was not relevant to them as they currently live with their spouse and/or family members. Of those who responded there was no common response pattern; however, for those who were interested in living with other people the preference range was between 2 and 6 people. Of this group 23 consumers or (43%) cited a preference for living with 2 to 4 individuals.

- *What supports would you need to help you live where you want?*

Sixty-two individuals responded to this question and the most-cited supports were identified as follows:

	No. of individuals	Percentage
more money (financial support)	15	27%
social support and counselling	11	21%
help with cleaning	6	11%
transportation	5	9%
budgeting assistance	4	8%
caring family members	3	6%
advocacy	3	6%
help with meals	2	4%
employment	2	4%
furniture	1	2%
doctor	1	2%
Totals	**53**	**100%**

Nine respondents identified that they did not need any supports to help them live where they want while the remaining 38 individuals felt that the question was not applicable to them or chose not to respond. (See Graph Q below.)



For the 13 respondents from outside the Regional Municipality of Sudbury who answered this question, there were no major differences between these four communities except that the top four living supports as compared to the total sample group were identified as follows:

5 individuals (38%): require no supports
4 individuals (31%): counselling and emotional support
2 individuals (15%): money
2 individuals (15%): friends

- *Would you prefer to have a support worker living in your premises?*

Of the 89 individuals who felt that this question was applicable to them, 62 consumers (70%) report that they would not prefer to have a support worker living in their premises. However, 17 individuals or (19%) said that they would prefer a support worker. Another 10 consumers (11%) were not sure (undecided).

It is interesting to note that all 20 respondents living outside the Regional Municipality of Sudbury said that they would not want a support worker living in their premises. This includes 2 respondents from Manitoulin Island, 3 respondents from Sudbury District North, 3 respondents from Sudbury District East and 1 respondent from Sudbury District West.

Of the 62 respondents who said that they would not want a support worker living in their premises, 38 individuals or 61% were anglophone, 17 or 27% were francophone, 1 or 3% were Native and 4 or 9% were from other cultural backgrounds.

For those who said yes to having a support worker living on their premises, respondents identified that this worker could:

	No. of Respondents	Percentage
help solve problems	6	35%
provide counselling	4	23%
be their friend	3	18%
provide emotional support	2	12%
provide budgeting assistance	2	12%
Totals	**17**	**100%**

- *Would you want a support worker to visit you on a regular basis?*

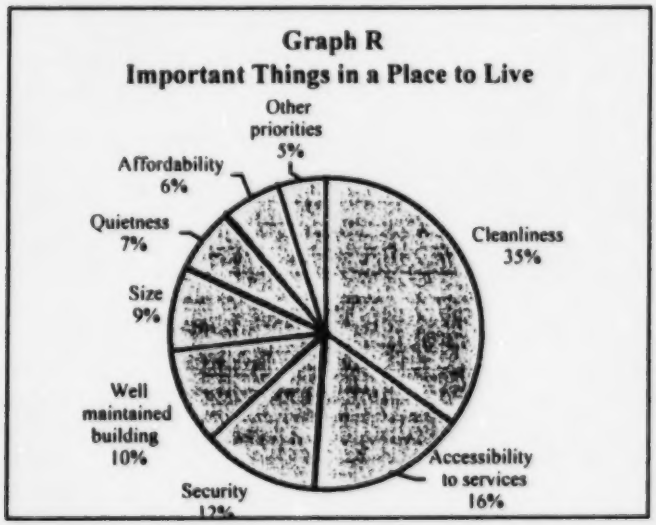
Of the 62 respondents who do not want a support worker living on their premises, 36 individuals (59%) of this group report that they would like a support worker to visit them on a regular basis while the remaining 26 individuals (41%) would not prefer such visits.

Of the 20 respondents from outside the Regional Municipality of Sudbury who would not prefer a support worker living on their premises, 9 of these individuals would like to have a support worker visit them on a regular basis.

- *What things are important to you when looking for a place to live?*

In total, 97 individuals responded to this question. As this was an open-ended question without pre-set response categories to choose from, the interviewer selected the most cited responses for inclusion as relevant findings. In this respect, upon review of the survey data it appears that the top seven priorities for individuals looking for a place to live are the following (see also Graph R below):

	No. of Respondents	Percentage
cleanliness	34	35%
accessibility to services	15	16%
security (safety)	11	12%
well maintained building	10	10%
size (spaciousness)	9	9%
quietness	7	7%
affordability	6	6%
other priorities	5	5%
Totals	**97**	**100%**



- *The next time you are looking for a place to live what would be most helpful?*

Ninety-two individuals responded to this survey question. As this question was open-ended the interviewer collated responses into a number of categories for inclusion in the findings. To this end, it appears that the following supports would be most helpful to consumers the next time they are looking for a place to live:

	No. of Consumers	Percentage
* help from a worker to look for and negotiate rental fees	21	23%
* money to assist individuals in securing adequate living space and to cover moving costs	17	19%
* a listing of affordable places to live (especially for geared to income and co-op housing)	15	16%
* transportation (access to it to search for available housing)	14	15%
* knowledge of noise levels and cleanliness	11	12%
* support from 3-C Centre staff	9	10%
* other	5	5%
Totals	**92**	**100%**

These results were consistent with responses provided by individuals residing in communities outside the Regional Municipality of Sudbury. There were no particularly unique findings for any one of these four regions (Sudbury District North, Sudbury District East, Sudbury District West and Manitoulin Island), but collectively ten out of fourteen respondents who replied to this question provided similar feedback to the above list of identified supports. In this respect, the most recurring responses were as follows:

	No. of Consumers
* help from a worker to look for and negotiate rental fees	3
* listing of affordable spaces to live	3
* money (to assist in securing housing and moving costs)	2
* transportation (access to it to search for housing)	2

II. INTERVIEWS WITH MENTAL HEALTH SERVICE PROVIDERS

An integral component of this particular research initiative involved obtaining feedback from mental health service providers who are directly involved with the seriously mentally ill. To this end, the Researcher contacted agencies who provide services and supports to the seriously mentally ill in the districts of Manitoulin-Sudbury and arranged interviews with executive directors, mental health counsellors and clinicians, nurses, case managers and housing support officials. As part of the data gathering process, the researcher interviewed representatives from Network North, Positive Steps and Interact (community out-patient clinics of the Algoma and General Hospitals in Sudbury), the Canadian Mental Health Association (Sudbury Branch), Chapleau Health Services Centre, Espanola, N'admadwin and Mindemoya community clinics of Network North and Alternatives (community clinic located in St. Charles). For a complete list of individuals interviewed see Appendix "D".

Given the number of individuals to be interviewed the Researcher organized two focus group meetings with the counselling and clinical support staff from both Positive Steps and Interact and held face-to-face interviews with individual agency and program representatives. All of these staff officials were asked the same range of questions contained within the Mental Health Provider Survey and their feedback is summarized below.

Question: As you provide services and support to individuals with a serious mental illness, what if any would be the key issues of concern regarding housing for the clients you serve?

In response to this question the following feedback was provided (the issues identified in items A through E are not listed in order of importance):

A) Lack of Supportive Housing Options

All providers were unanimous in identifying that there is a serious undersupply of supportive housing within the two districts for the seriously mentally ill. As well, the majority of providers expressed concern that because the seriously mentally ill have frequent readmissions to hospital they require considerably higher levels of assistance and support and their housing needs are much different than those of individuals with moderate to low levels of mental illness. In this respect, a number of respondents felt that there should be a continuum of housing options available in the community to accommodate the unique needs of the seriously mentally ill and that these options could range from a 24-hour fully-staffed group home for those with high-level monitoring and support needs to independent living arrangements such as apartments for those who require less intensive supports.

B) Cost

A number of respondents identified that because the majority of this client group is on social assistance their range of housing options is very limited. Because this group cannot afford better-quality higher-cost housing they rely on accessing subsidized housing. However, there are lengthy waiting lists to access these units (for single males the waiting list can be as long as 2 - 3 years) and the panels who determine which individuals can access such housing are often not sensitive to the needs of the seriously mentally ill and tend to be discriminatory towards this client group in their selection processes. Additionally, some providers also identified that many of their clients do not manage their money well and often have little money left for food or personal needs each month.

C) Need for More Support/Outreach Workers

Providers interviewed identified that there is a significant need for additional support workers to monitor clients to ensure that medications are being taken and that these individuals are provided with appropriate levels of social support. Support workers are a cost-effective approach to enabling the seriously mentally ill to remain in their communities, and the majority of providers felt that additional outreach workers are essential resources for this client group especially if there are fewer resources available in the system for developing new supportive housing units. The need for more support workers was most adamantly expressed by mental health service providers who provide services to individuals in rural and isolated communities outside of the Regional Municipality of Sudbury and on Manitoulin Island, where access to public transportation is very limited or non-existent.

D) Poor Quality of Existing Housing Stock

Outside of the supportive housing units and subsidized public housing spaces (the majority of which are provided in the City of Sudbury) the remaining housing options are quite poor across the two districts. As highlighted earlier, the CMHA provides the majority of supportive housing options through its support of 24 clients residing in Fairview Heights (a segregated apartment complex in downtown Sudbury), seven clients in Raifeissen (a Co-operative Housing Complex also located in the City of Sudbury), 10 clients within units of Christ the King Residential Complex located in downtown Sudbury and an additional 10 clients in units provided by the Sudbury and District Housing Authority which are located across the district. Subsidized housing is provided in both districts but the selection criteria and waiting lists usually preclude this client group from gaining access to these spaces.

More importantly, as this client group has minimal income they are often forced into finding accommodations in sub-standard, poorly maintained buildings, and are often taken advantage of by unscrupulous landlords who exploit their vulnerability and lack of alternative housing options. Much of the available housing stock in both districts tends to

be located in the less desirable locations within communities and these units often have a high occupant turnover rate.

E) Need for More Respite Care

A segment of the seriously mentally ill population in Sudbury-Manitoulin (especially those with schizophrenia) have lived with their parents or family members for most or all of their lives. In fact, individuals with schizophrenia account for approximately 40 % of hospital admissions in Sudbury-Manitoulin. As these individuals are often readmitted to hospital they require intensive support to live in the community and can usually only be supported by those individuals who are close to them and who possess a good understanding of their condition. This population has a minimal capacity to live independently and does not fare well in group home or structured living arrangements.

Consequently, to enable these individuals to remain in their own homes, parents or family members provide these individuals with daily monitoring, attend to their daily living needs and provide nurturing and social support. This is a very demanding role which places significant responsibilities on care providers - many of whom are getting older and have a decreasing capacity to provide the intensity of support required. Parents and family members need access to more formally organized respite care programs, to provide them with much-needed breaks to avoid burnout and to assist them in providing structured care to their children or family members when they cannot be there or have to be away for a specific period of time.

Question: What is your perception of the adequacy of available housing in the community for the clients you serve?

Respondents were unanimous in expressing that available housing within the two districts is inadequate in meeting the needs of the seriously mentally ill. The majority of providers identified that there is a chronic undersupply of supportive housing units, that there are few housing options for clients, and that much of the available housing stock and boarding rooms are poorly maintained and provide less than optimal living conditions. The cost of decent housing is also very prohibitive. The seriously mentally ill are very disadvantaged because there is a definite undersupply of available staffing support from community mental health agencies to assist them in living in the community.

Question: Do you perceive any differences in housing needs by a) gender b) language, c) culture, in the community?

The majority of mental health providers interviewed (over 60%) report that they do not perceive any differences in housing needs for the seriously mentally ill population by gender, language or culture within the community. For the remaining 40% of providers who felt that there were some notable differences in housing needs specific to gender, language or culture, a list of these perceived differences is provided below:

- Twenty-two percent of providers interviewed report that single males and females tend to end up at the bottom of the selection list for subsidized housing and that the waiting list is often over two years long for males. (This is a significant finding especially when one considers that the vast majority of the seriously mentally ill population is single);

- Two providers explained that males receive preference over females in advertisements for shared accommodations.

- Less than 9% of providers identified that women have more safety concerns when searching for housing.

- One provider identified that First Nations clients have a difficulty with closeness and don't do well in structured group home arrangements which have regimented schedules (personal space and time are different for this cultural group).

Question: Is housing a key factor in maintaining the health and well being of individuals with a serious mental illness?

All respondents said that housing is an integral community support and a prerequisite to maintaining the health and stability of individuals with a serious mental illness.

Question: If changes were possible, what types of housing arrangements would you suggest for meeting the needs of individuals with a serious mental illness in the community?

There were numerous suggestions put forward by mental health service providers in regards to developing community housing arrangements which could best meet the needs of individuals with a serious mental illness. These suggestions included the following:

- Establish more supportive housing units similar to those contained in Fairview Heights (i.e. apartment complex with designated subsidized spaces) but with high levels of staff support for SMI clients.

- Establish a range of housing options, from structured 24-hour group homes to multiple units with common rooms and shared facilities to independent living arrangements (i.e. apartment units), as no one housing model meets the diverse needs of the SMI population.

- Establish partnerships with landlords and realtors to develop more residential spaces for the SMI target group, and undertake a focused public education strategy regarding the need for more housing alternatives for special needs populations within the community.

- Establish a 24-hour supervised group home for the most severely mentally ill clients (who comprise approximately 10% of the total SMI population). This segment of the population will have multiple relapses and will probably never fully recover from their disorders. Consequently, a residential facility with 1 - 2 full-time support workers could accommodate as many as 20 residents. This facility would provide daily structure, individual monitoring and common rooms for activities and social interaction. More importantly, such a group home could serve as a community-based alternative to sending these clients to a tertiary-level psychiatric institution such as North Bay Psychiatric Hospital.

- Develop a process to gain easier access to available housing for individuals with a serious mental illness. In this regard, it was suggested that municipal officials and representatives of the public housing authority be provided with additional education and information sessions pertaining to the housing needs of the SMI population.

- Establish foster-home spaces via dedicated planning and ongoing support of a community-based mental health agency such as the CMHA.

- Establish a multiple-unit apartment complex in the downtown core of the City of Sudbury where much of the current real estate is presently unused. Volunteers and community support workers could provide regular monitoring and assistance for clients, but clients would not be supervised.

- Many of the support needs of the SMI population do not require high-level personnel but better organized and coordinated community support services. Ideally, it is preferable for individuals to be provided with services and supports where they live rather than having to travel to access these required supports.

- Establish a full-time dedicated Housing Coordinator position to recruit residential spaces and develop a registry of available housing for the SMI in both districts.

- Explore the viability of establishing housing programs similar to Habitat in Toronto, which oversees 700 units for the seriously mentally ill. In this model, a dedicated team provides support to clients on a regular basis and there is a formalized contract established between Habitat, the client and the landlord. Buildings and units must meet safety and health standards and landlords must allow workers access to mental health clients. Similar models on a smaller scale should be considered for the Manitoulin- Sudbury districts.

III. INTERVIEWS WITH CONSUMER AND FAMILY SUPPORT GROUPS

To obtain the feedback of family members and people who advocate on behalf of individuals with a serious mental illness, the Researcher conducted four formal face-to-face interviews with officials from Sudbury Mental Health Survivors, the local chapter of the Schizophrenia Society of Ontario and the Self Help Development Network of Sudbury. These individuals were asked the same questions as the mental health service providers. The Researcher also had the opportunity to have a number of informal discussions with eight family members associated with these organizations and was provided with valuable information and insight as to the specific housing needs of the SMI population. (Family members were not asked to identify themselves as part of the data collection process.)

Question: *As you provide services and supports to individuals with a serious mental illness, what if any would be the key issues of concern regarding housing for the clients you serve?*

Based on the feedback received from these respondents, the following issues were identified as being critical to addressing the housing needs of individuals with a serious mental illness in the community:

- Housing is a fundamental prerequisite for providing stability, monitoring and provision of dedicated support to individuals with a serious mental illness. For individuals with high-level support needs there are few housing options available within local communities.

- Much of the schizophrenic population is unseen, as most are unable to live alone and tend to live with family members where they do not access the services of the community mental health care system. Because family members provide constant, continued support there is significant need for a well-organized respite care program for family members (caregivers) within both districts. Respite care is a crucial system component which needs to be addressed, as many parents are getting older and have a decreasing capacity to provide the intensity of support required for family members with a serious mental illness.

- Family members need to know that they are not alone and that there are other families and individuals who can provide them with information and serve as a useful network of support in providing daily care to their loved ones. They can also greatly benefit from receiving education and information specific to mental illness provided by community-based mental health organizations.

- Respondents felt that existing selection criteria (i.e. point system used) for subsidized housing units keep many individuals out of available spaces.

Question: *What is your perception of the adequacy of available housing in the community for the clients you serve?*

All respondents expressed concern that existing housing options for the seriously mentally ill were very inadequate for meeting the needs of the seriously mentally ill in the community and that more units and alternative living arrangements were needed to address this problem.

Question: *Do you perceive any differences in housing needs by a) gender b) language, c) culture, in the community?*

None of the 12 individuals interviewed identified any differences in housing needs by gender, language or culture in the community.

Question: *Is housing a key factor in maintaining the health and well-being of the seriously mentally ill within the community?*

All respondents identified that housing is a primary component in maintaining the health and well-being of the seriously mentally ill within the community.

Question: *If changes were possible, what types of housing arrangements would you suggest for meeting the needs of individuals with a serious mental illness in the community?*

In terms of alternative housing arrangements, 9 of the 12 individuals interviewed (75%) of respondents felt that a smaller housing unit with between 4 - 8 spaces with private individual bedrooms and common rooms with medium to high level staff support (monitoring) would be an ideal option for seriously mentally ill clients. This model would provide structure and support for daily living needs such as meals and provision of medication but would also allow for individual autonomy and opportunity for regular social interaction. The remaining individuals (25%) identified that designating more apartment units for the seriously mentally ill would serve as a useful starting point in addressing the housing needs of this target population.

CHAPTER FIVE - CONCLUDING REMARKS

In undertaking this research project it has become quite obvious that there is a serious undersupply of supportive housing options for the seriously mentally ill in the Manitoulin and Sudbury districts. According to Ministry of Health planning data it is estimated that over 200 residential spaces will be required in the next 2-3 years to accommodate the projected housing needs of this target population, and at present there are only slightly more than 50 designated supportive housing spaces. Further compounding the problem is the fact that over 90% of the existing supportive housing stock is located within the City of Sudbury, leaving the outlying communities within the Sudbury and Manitoulin districts with virtually no supportive housing alternatives for the seriously mentally ill population.

As well, provincial mental health policy directions have further reinforced the need to establish additional supportive housing spaces for the seriously mentally ill and successive Ontario governments have continued to emphasize the importance of maintaining individuals within community settings and reducing the utilization of more costly tertiary-level psychiatric facilities. Efforts are also being made to repatriate patients from psychiatric institutions to their home communities as these institutions are being downsized and restructured to provide services to only the most severely mentally ill in the province. These policies have put increased pressure on the capacity of community mental health service systems to provide required services and supports, and have served to increase the need for additional supportive housing spaces in the Manitoulin and Sudbury districts.

Through the feedback received from 100 mental health service consumers, it appears that the majority of this target group currently live alone in apartment settings within the community and that the majority of those surveyed have lived in their current location for more than two years and like where they live. However, a large proportion of this SMI group (62%) report having financial difficulties after paying their monthly rent. What they appear to like most about their current living arrangements are the location, individual privacy, quietness, size, cleanliness and being surrounded by friendly neighbours. With respect to geographic location, it appears that the major difference for individuals residing in communities outside the urban centre of the Regional Municipality of Sudbury is the lack of access to public transportation and formal community-based programs and support. In terms of housing preferences, most respondents identified that they would prefer to live in a detached house or one-bedroom apartment if possible but that they would need a range of supports such as money, social support, counselling, transportation and help with cleaning to do so.

After consulting extensively with mental health service providers and consumer and family support groups it became abundantly clear that there is a serious lack of quality supportive housing for the SMI population in the Manitoulin-Sudbury districts and that the majority of consumers cannot afford quality housing. Providers emphasized the

outstanding need for more outreach workers and community support programs for this population to assist individuals to remain in their communities. More importantly, supportive housing was identified to be a generic need for the SMI population within the two districts, and stakeholders interviewed expressed that there were few if any differences in the supportive housing needs of this target group by gender, language or culture.

Furthermore, a number of alternative community housing arrangements were put forward by mental health service providers and consumer and family support groups to address the need for additional supportive housing within the two districts. Many of these prospective models are not cost-intensive and could be established in a relatively short time-frame with dedicated participation and cooperation of community-based service agencies who are involved in the care and support of individuals with a serious mental illness. Potential supportive housing options for this target population include: 24-hour supervised group homes, moderate-support group homes (e.g. motel model), foster homes, and multi-unit apartments in the downtown core (City of Sudbury) with dedicated agency outreach and volunteer support, and independent living arrangements. These housing alternatives appear to be cost-effective solutions for this serious undersupply of supportive housing within the community and certainly warrant further examination and study.

Consequently, it is not a question of whether there is a need for additional supportive housing options for the seriously mentally ill population within the Manitoulin-Sudbury districts but rather, how these needs are going to be appropriately addressed. In this regard, it is essential that supportive housing receives priority status in local mental health service system design planning and that political support be generated to further advance the establishment of such residential spaces in district communities. Finally, if the supportive housing needs of the seriously mentally ill population are to be adequately addressed it will require the continued participation and cooperation of community-based agencies as well as the dedicated political and financial support on the part of provincial and federal funding bodies.

CHAPTER SIX - SUMMARY RECOMMENDATIONS

After undertaking an extensive process to obtain feedback from consumers, mental health service providers and family support groups regarding the supportive housing needs of the seriously mentally ill in the districts of Sudbury-Manitoulin it is readily apparent that there is a chronic shortage of available housing options for this target population. As well, and not surprisingly, "A simple fact of life is that because of their disabilities, many with serious mental health problems are either on family benefits or welfare, which seriously restricts their choices in housing."[5] There is much work to be done if this situation is to be appropriately addressed, and supportive housing needs to be identified as a planning priority by the Ontario Ministry of Health and the community organizations and agencies involved in restructuring the local mental health service system. The following recommendations have been put forward by the Researcher as realistic activities which can be undertaken to address this long-standing service need, and it is hoped that these recommendations can serve as a useful starting point in establishing a comprehensive workplan to deal with the supportive housing needs of the seriously mentally ill within the two districts.

SUMMARY RECOMMENDATIONS

Viable Housing Options

- CMHA take a lead role in identifying and developing innovative housing options and alternatives to address the needs of the seriously mentally ill in the community. A potential model for meeting the needs of this client group in the City of Sudbury could be the establishment of a multi-unit apartment residence within the downtown core. It has been suggested that an older building could be refurbished and an organized group of staff and volunteers could support and monitor residents in this setting at a very low cost.

- Establish a multi-unit complex (group home model with less structured monitoring and support) where individuals could have their own privacy but could access common areas for medication support, meals or social interaction (similar to motel unit).

- Establish a "foster home" model where people in the community would provide clients with rooms in their homes, with support from a community agency such as the CMHA.

- Access and designate more apartment units for the mentally ill in all communities. There is very little rental stock available for this target group.

- Examine the viability of establishing a 24-hour supervised group home with dedicated staff support to monitor and provide structured living arrangements for the severely mentally ill population who will never be able to live independently. This model could greatly reduce the readmission rate to costly and highly intrusive psychiatric institutions and enable this segment of the population to remain within the community.

Community Resources and Supports

- Community organizations and planning groups develop a range of housing options to serve the needs of the mentally ill in the community as no individual model meets the diverse needs of all segments of the target population.

- Agencies with similar or interconnected mandates form partnerships to develop and maintain alternative housing options for clients who are mentally ill and have very few housing possibilities (e.g. John Howard and Elizabeth Fry).

- Establish an inventory of available housing for mentally ill clients that can be readily accessed by mental health workers in the community. It was also suggested that this registry should be maintained and updated by a full-time dedicated Housing Coordinator position.

Outreach and Support

- Examine the potential for developing a program like Habitat in Toronto where a dedicated team of mental health support workers have regular contact and access to clients. In this model, a contract is signed between the client, Habitat and the landlord. Residential units must meet health and safety standards and access to clients must be provided for support workers.

- Provide the CMHA with the financial resources to hire additional housing support workers to assist individuals in finding adequate housing and to provide outreach support. The CMHA could also hire a skilled trainer to train volunteers to undertake community outreach.

- Provide increased levels of support services to clients where they live. (This could be accommodated by increasing the number of designated community support workers within community-based mental health agencies.)

- Develop a more coordinated approach to providing outreach services to individuals in rural and outlying communities within the districts where there is a significant lack of public transportation. This individualized support would increase the level of social interaction for seriously mentally ill clients and reduce levels of isolation and loneliness.

- Establish/improve respite care options for caregivers who reside with individuals with SMI. There is a large population of the SMI population who are currently being supported informally by older parents who are aging and have a decreasing capacity to provide care for them.

Public Education and Advocacy

- The Supportive Housing Working Group and Housing Committee of the CMHA continue to advocate for more resources and to work towards elevating the status of supportive housing as a spending priority within the mental health planning process.

- Educate officials from housing authorities, landlords and realtors as to the particular housing needs of the seriously mentally ill population and to work with these community stakeholders to develop designated units for this target population.

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2 Manitoulin and Sudbury District Health Council, The Mental Health System Design for the Manitoulin and Sudbury Districts (June 1997) 42.

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CHAPTER THREE

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CHAPTER SIX

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APPENDICES

APPENDIX A

PROJECT STEERING COMMITTEE MEMBERS

Genevieve Gibbons, Manager of Services - Canadian Mental Health Association

Michael Park, Chief Executive Officer - Network North

Andrea Sauerbrei, Health Planner - Manitoulin Sudbury District Health Council

Paola Azzuola, Occupational Therapist - Sudbury Regional Hospital Corporation

Duncan Matheson, Faculty Evaluator - Professor, School of Social Work,
Laurentian University

APPENDIX B

CONSUMER SURVEY

Supportive Housing Needs Assessment of
the Chronically Mentally Ill Population
in the Manitoulin-Sudbury Districts
June 1997

CONSUMER SURVEY

A) DEMOGRAPHIC INFORMATION

1. What is your age?

2. What is your gender? (M / F)

3. What is your mother tongue? a) French b) English c) Ojibway d) Other

4. Do you consider yourself to be:
   a) Aboriginal
   b) Francophone
   c) Anglophone
   d) Other

5. What is your marital status:
   a) single
   b) married
   c) common-law
   d) separated
   e) divorced
   f) widowed

6. What is your employment status?
   a) full-time b) part-time c) unemployed
   d) volunteer

7. What is your main source of financial support?
   a) Employment Insurance Benefits
   b) FBA
   c) GWA
   d) Office of Public Guardian/Trustee
   e) spouse / parents
   f) family members
   g) C.P.P.
   h) employment
   i) no financial support

8. Have you ever been admitted to hospital for a mental illness? YES / NO

9. If YES, how many times? And where: North Bay Psychiatric Hospital
Sudbury General Hospital
Sudbury Algoma Hospital

B) CURRENT HOUSING

1. In what type of housing do you live now?
A) room with shared facilities
B) room and board
C) apartment
D) with family
E) group home
F) other

2. Where is your residence located? (District/Address)

3. How did you find the place where you now live?
a) help from friend
b) help from social worker
c) help from family
d) help from hospital
e) help from housing organization
f) help from mental health agency
g) help from CMHA
h) by myself
i) other

4. Was there a waiting list? YES / NO

5. How long have you lived at your present location?
a) less than 6 months
b) between 6 months and 1 year
c) between 1 to 2 years
d) more than 2 years

6. Do you pay rent where you live? YES / NO If yes, how much do you pay?

7. If YES, after paying rent is it difficult to buy any of the following:

A) food
B) coffee
C) cigarettes
D) personal needs
E) clothing
F) movies/entertainment
G) bus fare/transportation
H) other
I) no difficulties

8. How many people do you live with at present?

9. Who are the people you live with? (i.e. friends, rooming mates, spouse, friends etc.)

10. Do you have your own bathroom?

11. Do you share a bathroom with someone else? Y/N Is this a good arrangement? Y/N

12. Do you share a kitchen with someone else? Y/N Is this a good arrangement? Y/N

13. Do you share cupboards or storage space with someone else? Y/N Is this a good arrangement? Y/N

14. Is there a staff person in the location where you live now? Y/N If YES, how often are they present in the building?

15. Who are your primary sources of emotional/social support?

A) friends
B) family
C) staff members
D) people you live with
E) professional caregiver
F) people you work with
G) other (minister, support groups etc.)
H) do not receive support

16. Do you participate in any programs where you live? Y/N
If YES, what types of programs?

17. Are you aware of existing programs or support services which are available to help you live in the community? Y/N If yes, is it easy to find them? Y/N

C) ASSESSMENT OF LIVING CONDITIONS

Please rate the following items as being either: **Poor, Fair, Good, Excellent**

1. How do you find the distance from where you live to the nearest grocery store? _____
2. How do you find the distance from where you live to other types of stores? _____
3. How would you rate your current access to medical services? _____
4. How would you rate your access to public transportation? _____
5. How would you rate your ease of access to parks and recreational facilities? _____
6. How would you rate the security where you are living? _____
7. How would you rate your access to a telephone? _____
8. How would you rate the overall maintenance of the place where you are living? _____
9. How would you rate the lighting outside of the place where you are living? _____
10. How would you rate the daylight received from windows in the place where you live?
11. How would you rate the electric lighting inside the place where you live? _____
12. How would you rate the common room(s) of the place where you are living? _____
13. How would you rate the laundry facilities of the place where you are living? _____
14. How would you rate your individual privacy where you live? _____
15. Is it easy for friends and relatives to visit you? _____
16. How would you rate the overall cleanliness of the place where you live? _____
17. How would you rate the quality of the pest control where you are living? _____
18. How would you rate the noise control inside where you are living? _____
19. How would you rate the noise control outside where you are living? _____
20. How would you rate the temperature of the place where you are living? _____
21. How would you rate the ventilation of the place where you are living? _____

22. How would you rate the smoking policy in the place where you live? _____

23. How would you rate the existing furniture and decor where you are living now? ____

24. Has your health been affected in any way by where you are living now? Y/N

25. Overall, do you like where you are living now? Y/N

26. What do you like most about the place where you live?

27. What do you like least about the place where you live?

D) PREFERRED HOUSING ALTERNATIVES

1. Given the same level of income, in what type of housing would you prefer to live?

2. Who would you most like to live with? _____

3. How many people would you prefer to live with in a residence? _____

4. What supports would you need to help you live where you want? _____

5. What types of programs/activities would you most like to be involved in where you live? (i.e. listen to music, watch T.V. etc.) _____

6. How would you like to spend some of your free time? _____

7. Would you be interested in participating in alternative work programs? Y/N
   If YES, what types of work alternatives would interest you?

8. Would you prefer to have a support worker living in your premises? Y/N
   If YES, what would this person do?
   If NO, would you want a support worker to visit you on a regular basis? Y/N

9. What things are important to you when you are looking for a place to live? _____

10. The next time you are looking for a place to live what would be most helpful? _____

11. Do you have a story or a particular experience about your living conditions that you would like to share with me?

APPENDIX C

MENTAL HEALTH SERVICE PROVIDER INTERVIEW QUESTIONS

1. What is your official position title?

2. As you provide services and support to individuals with a serious mental illness, what if any would be the key issues of concern regarding housing for the clients you serve?

3. What is your perception of the adequacy of available housing in the community for the clients you serve?

4. Do you perceive any differences in housing needs by a) gender, b) language, c) culture within the community?

5. Is housing a key factor in maintaining the health and well-being of individuals with a serious mental illness?

6. If changes were possible, what types of housing arrangements would you suggest for meeting the needs of individuals with a serious mental illness in the community?

7. Do you have any other comments or experiences that you would like to share with me?

APPENDIX D

LIST OF MENTAL HEALTH SERVICE PROVIDERS INTERVIEWED

Marg Garrison R.N. - Director, Positive Steps

Staff Members, (Acute and Chronic Rehabilitation Teams) - Positive Steps:
Wendy Robertson R.N. - Case Manager
Steven Kusan, M.S.W.
Lorraine Culthke, R.N.
Patricia Hierglucke, R.N. - Case Manager
Eveline Brunet, R.N. - Case Manager

Susan Capstick, Director - Interact

Staff Members, Interact:
Carol Managhan, Social Worker
Marilyn Paul, R.N.
Darren Annsl, Psychological Associate
Brenda Fuhrman, R.N.

Karen Ives, Espanaola Community Clinic
Susan Manitouabi, N'admadwin Clinic - Wikwemikong
Carl Eismont, Mindemoya Community Clinic
Kara Klassen, Director, Occupational Therapy - Chapleau Health Services
Ellis Quarshie, Chapleau Mental Health Clinic
Marg Garrison, Alternatives (St. Charles)

Genevieve Gibbons, Manager of Services - Canadian Mental Health Association
Betty Storey, Discharge Planning Nurse - Network North
Mary Meawassige, N'Swakamok Native Friendship Centre
Dr. Rayuda Koka, Psychiatrist, Chief of Staff - Network North
Margaret Jones, President, Schizophrenia Society of Ontario
Sandi Graham, Executive Director - Sudbury Mental Health Survivors Inc.

APPENDIX E

RESPONSES TO SECTION C. OF THE CONSUMER SURVEY

Survey Question	Responses					
	Poor	Fair	Good	Excellent	N/A	Total
1. grocery store	18	22	34	26		100
2. other store	22	30	30	18		100
3. medical services	28	23	44	5		100
4. public transpo.	22	10	59	9		100
5. parks & recreation	16	25	55	4		100
6. security	14	17	59	10		100
7. telephone	18	5	58	19		100
8. maintenance	9	25	52	14		100
9. outside lighting	13	14	65	8		100
10. daylight	5	18	70	7		100
11. electric lighting	2	13	72	13		100
12. common rooms	13	15	38	4	30	100
13. laundry	23	7	53	17		100
14. privacy	14	17	56	13		100
15. friends & relatives	10	10	68	11	1	100
16. cleanliness	2	22	64	12		100
17. pest control	6	12	68	14		100
18. noise – inside	15	21	56	8		100
19. noise – outside	21	25	46	8		100
20. temperature	8	22	61	9		100
21. ventilation	11	17	62	10		100
22. smoking	5	12	68	7	18	100
23. furniture & decor	16	24	55	5		100